

# Orientation Handbook for Navy Child Development Center Caregivers



Child and Youth Programs  
Commander, Navy Installations  
Millington Detachment

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# ORIENTATION HANDBOOK FOR NAVY CHILD DEVELOPMENT CENTER CAREGIVERS

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# **ORIENTATION HANDBOOK FOR NAVY CHILD DEVELOPMENT CENTER CAREGIVERS**

## **INTRODUCTION**

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### **WELCOME**

Welcome to the Navy's Child Development Center (CDC) Program!

This orientation handbook will assist you in providing safe and healthy developmental care for children. The policies and procedures discussed in this handbook are designed to ensure quality care and protection of children away from their homes.

CDCs are an important part of the quality of life enhancement to the Navy community. Navy child development centers are part of the Navy Child and Youth Program (CYP) that include CDCs, Child Development Homes (CDH), School Age Care (SAC) and Youth and Teen programs. Other local command representatives also help to ensure you have a successful and positive experience while employed at the CDC.

All Navy CDCs are accredited by the National Academy for Early Childhood Programs which means they provide developmentally appropriate care, contributing to each individual child's physical, emotional, social and intellectual growth. Your CDC Director and Training and Curriculum (T&C) Specialist will assist you in completing the orientation training and will support you in your continued professional growth. The CDC management staff will continue to support you through staff meetings and a variety of on-going training opportunities. They will provide resources or guide you to resources that will enable you to provide quality developmental care in your classroom.

**WELCOME  
(cont.)**

Representatives from base agencies may assist with the CDC orientation process and can always be consulted regarding CDC questions and issues. These agencies may include but are not limited to:

- Preventive Medicine
- Fire Prevention
- Public Works
- Safety
- Security
- Family Advocacy
- Family Service Center
- Counseling and Assistance Center/Drug and Alcohol Program Advisor

Navy child development programs include both Child Development Homes (CDH) and centers. CDCs are often preferred by families looking for larger group sizes, and socialization opportunities for their children prior to entering kindergarten. Hours of operation are typically no longer than 12 hours a day Monday through Friday. Families requiring longer hours of service, night/weekend care, smaller group sizes, infant/toddler care are referred to the CDH program.

Navy child development programs provide a valuable service for commands as well as providing spouse employment. CDC staff are valuable to their military community! We are glad you have made the decision to join us.

We look forward to working with you and doing all we can to ensure you enjoy a successful career with the Navy Child Development Center!

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# **SECTION A**

**“AN OVERVIEW”**



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## ORIENTATION HANDBOOK FOR NAVY CHILD DEVELOPMENT CENTER CAREGIVERS

### SECTION A

#### An Overview

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##### **THE MILITARY CHILD CARE ACT**

The Military Child Care Act was signed by Congress in 1989 and is now included in the Department of Defense Authorization Bill (Budget) annually. The intent of the law was to improve the quality of military child development programs world-wide. The requirements included:

- Increased caregiver pay which has led to reduced staff turnover;
- Extensive caregiver training that has resulted in higher quality care for children including a substantial reduction in child abuse incidents;
- A required T&C on site with a degree in early childhood education;
- Required accreditation by the National Academy of Early Childhood Programs which is a branch of the National Association for the Education of Young Children;
- Increased parent involvement including establishing Parent Advisory Boards which has improved communication with parents;
- A child abuse/safety violations hotline directly to Department of Defense Office of Family Policy which has improved the ability to resolve these concerns at the command level;

**THE MILITARY  
CHILD CARE ACT  
(cont.)**

- Required annual unannounced inspections by a higher headquarters to provide quality control and accountability by commands.
- 

**OPNAVINST  
1700.9SERIES**

The Chief of Naval Operations sets policy which is monitored by Commander, Navy Installations, Child and Youth Programs (N23). You will often hear management refer to “CNI staff”, who serve as technical consultants and conduct the annual unannounced inspections. When questions arise, CNI consultants are just a phone call away.

OPNAVINST 1700.9Series is the operating instruction that prescribes policies, procedures and minimum standards for child development programs Navy wide. You will often hear it referred to as “the OPNAV”. All requirements for the CDC caregivers are outlined in OPNAVINST 1700.9SERIES, “Child Development Programs”.

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**STANDARD  
OPERATING  
PROCEDURES  
(SOPs)**

Standard Operating Procedures (SOPs) are developed to reflect the unique needs of each installation and are signed by the Commanding Officer. SOPs must include all OPNAVINST 1700.9 Series requirements but can exceed the standards where necessary to achieve the unique mission of each installation. Standards are derived from a variety of sources (e.g., the National Centers for Disease Control, the American Academy of Pediatrics, Naval Environmental Health Center, Naval Facilities Command, etc.) and include “best practices” in the military and civilian child care industry.

**STANDARD  
OPERATING  
PROCEDURES  
(SOPs) (cont.)**

The SOP becomes your reference book for local policies and procedures, along with the CDC employee handbook which includes personnel policies. All policies have been established to ensure the safety, health and welfare of the children in your care:

- Limits are placed on the number of children you can care for and thus ensures each child receives opportunities for love, encouragement, guidance and individual attention.
  - Parents are assured that the CDC meets minimum health, fire and safety standards. Parents are assured that you have successfully completed background screenings.
  - Parents are assured that staff members are in good health.
  - Parents are assured you are trained in developmentally appropriate practices to aid in the development of the whole child.
  - You have unlimited contact with a resource person (CDC Director/T&C Specialist) who has information and knowledge in nutrition, child growth and development, suggestions for appropriate activities, toys, records, books, games, and advice on health and safety precautions.
  - You receive training in developmentally appropriate child care practices and business practices. The training prepares you to succeed in the CDC.
  - You will receive additional support through staff meetings, monthly training and interaction with other child development professionals.
-

**STAFF TO CHILD  
RATIOS AND  
GROUP SIZES**

Caregiver to child ratios are mandated by the Department of Defense and are a combination of National Fire Life Safety Codes and NAEYC standards for quality care. It is important that one consistent caregiver provides individual attention to each child. This primary caregiver then plans activities based on her observations and knowledge of each child's individual needs and developmental skill levels. Navy CDC's plan curriculum based on "Developmentally Appropriate Practice" where the environment and staff contribute to each individual child's physical, emotional, social and intellectual growth based on that child's specific needs.

IF CHILDREN ARE AGES:	THE RATIO OF STAFF PER CHILDREN IS:	AND MAXIMUM GROUP SIZE IS:
6 weeks – 12 months	1 staff per 4 children	8
13 months – 24 months	1 staff per 5 children	10
25 months – 36 months	1 staff per 7 children	14
3 years – 5 years	1 staff per 12 children	24
6 years – 12 years	1 staff per 15 children	30
<b>FOR MIXED AGES IF:</b>		<b>THEN:</b>
Children in an age category make up 20% or more of the group.		Use the staff/children ratio for that group.
Children in an age category make up less than 20% percent of the group.		Use the staff/child ratio of the next higher age group.

<b>NOTE:</b> Helpful definitions are located in the glossary at <b>Attachment (1)</b> .
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## **BASIC STAFF REQUIREMENTS**

You must be at least 18 years of age, responsible, emotionally stable, and capable of exercising good judgement in caring for children.

You must be able to read, speak and write in English well enough to implement the program.

Background screenings must be completed which are required for all child care workers by the Crime Control Act of 1990. These screenings are the first step in ensuring children receiving care in Navy programs are safe.

You will be asked to sign a Statement of Admission that you have never been arrested for felony child or drug abuse. You will be asked to sign a Privacy Act Statement so the personnel office can conduct a thorough background screening through the following military and federal agencies:

### **Installation Records Check (IRC)**

- Base Security.
- Family Advocacy (military spouse only).
- Counseling and Assistance Center (military spouses only).

### **Additional screenings**

- CNI (N21) Central Registry for Child and Spouse Abuse (military spouses only).
- Federal Bureau of Investigation.
- Three educational or professional references.

**BASIC STAFF  
REQUIREMENTS  
(cont.)**

You are required to have a medical screening to ensure you are free from communicable disease and have no health problems which would interfere with child care or place the children in your care in jeopardy. An appointment will be arranged for you, and give you the local requirements for this screening.

You are required to successfully complete training in CPR and First Aid. Your classes will be scheduled so that you can complete the course within 60 days of your hire date.

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**INITIAL  
TRAINING**

The next step is the orientation training (including CPR and First Aid). The intent of the initial training is to prepare you for your job and ensure your success and satisfaction while working at the CDC. As with any occupation, training is the key to quality service. Your T&C Specialist will supplement this handbook with required CNI (N23) program aides and other pertinent training materials. Your CDC Director will also issue revised procedures and policy updates as they arise.

Base agencies may also help conduct this training (fire/safety inspectors, health inspectors, Family Advocacy Representative, CDC Director and others). Remember they are there to help you so feel free to ask questions. Depending on the size of the command, this training will be provided in a group or on a one-to-one basis.

Networking is also an invaluable tool! You will spend time observing in all the classrooms and spend time talking with the other caregivers about the center policies and procedures. Don't hesitate to talk to them, the CDC staff is there to help you succeed!



**INITIAL  
TRAINING**

**(cont.)**

The CDC business is an ever changing field and care providers must be flexible and willing to continually learn and

read new information. Please feel free to recommend additional training materials, conferences, resources, etc., to the T&C Specialist. Every CDC has an extensive Resource Lending Library and your ideas are welcome on what to purchase.

Depending on your level of experience and education, you may be more familiar with the following information than others in your group. Please feel free to share your experiences and/or “lessons learned” that can benefit the entire center.

Keep this handbook and your local Standard Operating Procedures in your classroom where you can easily access it for reference as needed. Section B provides detailed information about each topic.

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# **SECTION B**

## **“ORIENTATION TRAINING”**



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## ORIENTATION HANDBOOK FOR NAVY CHILD DEVELOPMENT CENTER CAREGIVERS

### SECTION A

#### Orientation Training

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##### TYPES OF TRAINING

Safety

Fire Prevention

Child Abuse Prevention and Reporting

Sanitation/Communicable Disease/Medications/Hygiene

Nutrition and Healthy Meal Service

Child Growth and Development/Activity Planning

Developmentally Appropriate Toys, Equipment, and  
Materials

Professionalism

Parent Relations and Customer Service

Child Guidance Techniques

Classroom Records – Children's, Lesson Plans, Schedules

ECERS/ITERS/Introduction to the Modules

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## **SAFETY**

### **PROTECTING**

Protecting the safety of children is one of the basic commitments you make. Safety depends on two necessary components.

- 1) Potential hazards are eliminated when possible in order to provide a safe environment without being overly restrictive.
- 2) Careful supervision and safety instruction for children is required to avoid accidents. You must also have clearly defined procedures to follow which will protect the children in case of emergency.

You will take safety precautions in your classroom based on the ages and abilities of the children in your care. When the ages of the children change or you enroll new children you will need to adapt safety measures to meet their differing needs. For example, mobile infants and toddlers require stringent precautions, especially to prevent choking, injury from falls, and bites from one another. Preschoolers and school-aged children tend to challenge themselves and take risks, especially outdoors, which leads to a greater chance of injuries from falls. You will need to survey your classroom and playground each day to ensure the environment is free from hazards.

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### **SUPERVISION**

Diligent supervision, suited to each child's needs, is critical to preventing accidents. You must provide supervision throughout the day both indoors and outdoors. Be alert to problems, realizing that accidents and emergencies can occur at any time. During the time that children are present, focus your attention on the children, rather than on adult tasks or personal interests. **NEVER LEAVE CHILDREN UNATTENDED.** Provide continuous, watchful and responsible supervision at all times including:

**SUPERVISION  
(cont.)**

- Remaining in close proximity to children during activity times.
- Observing napping children.
- Providing constant supervision when children under 5 years of age are in the sprinkler or playing with standing water.

Take attendance sheets with you at all times. Never release a child to anyone unless parents have provided written authorization. Always ask for a picture ID if you do not recognize the person picking up the child. If in doubt, check with the front desk personnel before releasing the child.

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**A SAFE  
CLASSROOM  
AND PLAYGROUND**

Make the indoor environment physically safe for children. Areas that are off limits to children should be locked and inaccessible to children or must be childproof. Areas used for child care must be free of hazardous obstructions, protrusions and tripping hazards so that children can move about safely.

**YOUR CLASSROOM IS SAFE BECAUSE:**

1. All cleaning agents other than bleach and water solution are stored in a locked cabinet or janitor's closet.
2. All purses including cosmetics and medicine are kept in locked cabinet.
3. Gates are placed across stairways.
4. There are no toxic plants in the classrooms or on the playgrounds.
5. All electrical outlets are either covered or child proof and 54" from the floor.



**A SAFE**

**CLASSROOM  
AND PLAYGROUND  
(cont.)**

6. There are no tripping or fall hazards in the rooms.  
When spills occur you will wipe them up immediately to prevent accidents.
7. All toys, equipment and materials are developmentally appropriate, in good repair and are non-toxic.
8. Both indoor and outdoor equipment is suited for the ages and abilities of the children in your care.
9. Toys with small parts are not for infants and toddlers.
10. To prevent injury from falls, climbing equipment is the proper size for the children using it.
11. Climbing equipment is sturdy and properly installed, and broken equipment is not used until repaired.
12. The temperature of water used by children does not exceed 110 degree Fahrenheit.
13. Non-skid rugs are used.
14. Electrical outlets have safety caps when young children are present.
15. Heaters and fans are not accessible.
16. Sliding glass doors are clearly marked (at child's eye level) to avoid accidental impact.

**A SAFE  
CLASSROOM  
AND PLAYGROUND  
(cont.)**

**YOUR PLAYGROUND IS SAFE BECAUSE:**

1. The outside play area is fenced and protected from access to streets, swimming pools, and other hazards.
2. Navy CDC playgrounds meet all Consumer Product Safety Commission standards for equipment and fall protection surfacing.
3. The care providers and children help keep the playground area free of debris and notify management when toys or equipment break, or when surfacing needs replacement.
4. Caregivers conduct a daily inspection of classrooms and playgrounds and correct all safety hazards that might cause accidents.

*The checklist at Attachment (2) is used during monthly and annual inspections. Your T&C will give you a copy of the daily safety checklist that is used in your center. The management staff will assist you in making any corrections needed to prevent the spread of disease in your classroom.*

There are first aid supplies accessible and you will be trained on how to use them. The front desk personnel have the parents' phone numbers. Although the occurrences are rare, you are responsible to know what to do in case of injury, illness and poisoning. You will also be trained and expected to follow procedures to prevent the spread of blood borne pathogens.

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## TRANSPORTATION

Transporting children in a government vehicle requires extra safety precautions. Each child must have an appropriate individual safety restraint (i.e., seat belts, car seat) which is properly installed and used according to the manufacturer's instructions. Provide a suitable restraint for each child, using height and weight as the determining factors. Make sure only one child uses each restraint. **AT NO TIME ARE CHILDREN TO BE HELD BY AN ADULT WHILE BEING TRANSPORTED.**

When children are transported have pertinent medical information and a signed emergency medical release for each child in the vehicle (Navy Child Registration Card). Keep a first aid kit in the vehicle.

Personal automobiles are never used to transport children. You will receive a copy of the CNI (N23) Program Aide "Field Trips" and you are responsible for following all required safety procedures.

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## **FIRE PREVENTION**

### **MINIMIZE RISKS**

Take steps to minimize the risks of fire. There should be no candles, matches or electrical hazards in the classroom. Know how to operate the fire extinguisher and become familiar with fire emergency procedures, such as checking doors for heat before opening them, and “stop, drop, and roll” to put out fire on clothes. Your T&C Specialist or command fire prevention office will provide specific training.

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### **PROCEDURES**

Written procedures are posted to respond to emergencies including fire evacuation, serious injury or illness. You will take part in monthly fire drills. You will learn the evacuation routes and the location to muster outside in the event you cannot return to the building. You should also practice an exit drill each time you enroll a new child. There are working smoke detectors, sprinkler systems, emergency backup lighting, and fire extinguishers in every Navy CDC. You will learn how to pull the fire alarm and how to use a fire extinguisher. You will also have a flashlight handy for power outages. You will be trained on specific disaster preparedness procedures for your geographic area (e.g., hurricanes, tornadoes, earthquakes, etc.).

---

### **OBJECTIVE**

The main objective of a fire evacuation plan is to save lives. Fire drills should be conducted at various times of the day and the fire inspector will pretend the fire is in a different part of the center each month so the staff can practice with alternate routes. Children also need to learn “Stop, Drop, and Roll”, and “Bend low and go”. Discuss why you shouldn’t go back inside once you’re out. Practice the procedures, slowly, several times until the children know what to do. Teach older children how to call 911 or your local emergency number in case you are incapacitated.

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## CHILD ABUSE IDENTIFICATION, REPORTING AND TRAINING PREVENTION

### RESPONSIBILITIES

Cases of child abuse/neglect are often identified in child development centers. The suspicion or identification of child maltreatment or abuse carries significant responsibilities for you. It is Navy policy to provide comprehensive and coordinated programs to prevent child abuse and promote early identification and intervention in case of alleged abuse.

You must complete the two “Department of Defense Child Abuse Prevention Modules” (Preventing Child Abuse; Identifying and Reporting Child Abuse). Your T&C will assist you. This information will help you learn how to recognize and report possible child abuse or neglect and follow through if necessary. You will also learn how to take measures to prevent child abuse or neglect in your classroom by supervising children carefully whenever other people, including parents and visitors come into contact with the children. You will also learn what will happen when an allegation of abuse or neglect is made against you or another caregiver and the appropriate action to take. As a sign that you are a trained professional, you will post the DoD Child Abuse and Safety Violation Hotline Poster on your parent information board.

By completing the modules you will learn how to report any situation or condition where you suspect child maltreatment. You report your suspicions to the local child abuse expert who is the Family Advocacy Representative (FAR). The FAR provides investigative and consultation follow-up. When you make a report, the FAR will contact civilian authorities and other base offices as necessary. Document all incidents and subsequent action. If the FAR is not immediately available call the local Child Protective Service. Every state requires reporting of known or suspected child abuse or neglect. Your CDC Director can assist you if you have any questions.

A responsible caregiver knows this legally mandated responsibility. You must be aware that abuse can occur anywhere and make sure that the children are supervised at all times.

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## **SANITATION, COMMUNICABLE DISEASE, TRAINING HYGIENE PRACTICES**

### **SANITATION**

Proper sanitation is key to preventing the spread of disease among large groups of children. Basic sanitary food preparation and handling practices must be followed when serving meals and snacks. Food is not stored in the classrooms. Section E. addresses food service in greater detail.

Sanitary handwashing and diapering procedures must be followed. Infant, pretoddler, and toddler classrooms are equipped with a washable diapering surface, paper towels and liquid soap. All caregivers use squirt bottles with a bleach and water solutions or another approved product to sanitize the eating and diapering areas. When bleach and water is used, the solution must be mixed daily. Plastic gloves are also provided at diapering areas. The National Centers for Disease Control Handwashing and Diapering procedures are posted in the classrooms and to be followed at all times.

You play a crucial role in promoting children's health by encouraging healthy habits in an environment where health hazards have been minimized. To establish positive health habits, you must model and teach health care procedures to the children.

When children from various families come together in a child care setting, the potential for the spread of infectious disease is increased. Preventive measures such as frequent handwashing, sanitary preparation and serving of food, and hygienic diapering and toileting procedures can minimize the spread of illness. Care should also be taken to eliminate environmental health hazards that can cause long term damage to children's health. For example, detrimental effects of second hand smoke have been documented.

## **SANITATION (cont.)**

**NOTE:**

Your T&C Specialist will give you a copy of "Healthy Kids Keep Everybody Healthy" which provides specific requirements and guidance on sanitizing toys and equipment, communicable disease, hygiene and food sanitation.

**Here's how you can help maintain a healthy environment:**

- Ensure areas used for child care have good lighting, comfortable temperature, adequate ventilation, are in good repair, and are free of hidden environmental health hazards. Eliminate persistent unpleasant odors.
  - Maintain general cleanliness by sweeping floors, picking up trash, wiping up spills, etc., especially around the meal tables and bathroom to reduce the spread of germs. Clean and sanitize toys and equipment weekly. (Daily in infant/pretoddler rooms). Wash toys mouthed by children in soap and water and then sanitize on a daily basis.
  - Children over 12 months sleep on cots that are at least 4 inches off the floor to prevent illness. Each child has a labeled cot. Sheets, blankets, and cots are washed and sanitized weekly or as needed. Infant crib slats are not greater than 2 3/8" and infants are put to sleep on their backs without any toys in the cribs. The bedding and cribs are washed and sanitized daily.
  - Ensure outdoor play areas used by children are free of health hazards. Keep sandboxes covered when not in use to avoid contamination by animals. Use sprinklers and water tables for water play. Wading pools are not allowed.
-

## **DIAPERING**

Use appropriate diapering procedures to avoid contamination. Keep the diapering area separate from areas where food is prepared or served. Use a separate sink for handwashing after diapering or toileting. Disinfect the diapering surface after each diaper change and dispose of diapers in a tightly covered container. If toilet training chairs are used, they must be emptied, washed and sanitized after each use. Plan toilet training cooperatively with parents when children are ready. Handle toileting accidents calmly and maintain pleasant interactions during diapering/toileting. Encourage independence.

---

## **HANDWASHING**

The best way to prevent the spread of illness is by washing your hands and the children's hands often with soap and warm water. Wash hands when:

- entering a classroom
- diapering
- assisting children with toileting or using the restroom yourself
- before preparing and serving food
- after wiping noses
- before playing in the water table
- whenever your hands are soiled.

Wash very young children's hands for them and teach older children to wash their hands:

- upon arrival
- after diapering or toileting
- before eating
- after nose wiping
- before playing in the water table
- whenever otherwise soiled.

## **HANDWASHING (cont.)**

Help children establish personal hygiene routines including washing hands and face, brushing teeth (over 2 years old), combing hair, and toileting hygiene. Be a model of the personal hygiene skills you wish to teach the children, including keeping your hair, hands and face washed and teeth brushed. CDCs encourage independence by keeping toilet paper and paper towels within children's reach. Keep tissues within easy reach to keep children's noses wiped and throw away used tissues immediately. Then wash hands.

CDCs provide age-appropriate nap/rest times suitable to each child's needs. Include a consistent sleeping place. CDCs provide a cot, cot sheet and blanket for each child. Caregivers label each cot and wash bedding at least weekly or more often if needed. Provide alternative quiet activities for non-sleepers.

---

## **ILLNESS**

Another important role for you is to be alert to the children's health status and know how to take appropriate action to handle illness and prevent the spread of disease. "Healthy Kids Keep Everybody Healthy" provides specific information on identifying the signs of common illnesses. Staff must check children upon arrival and send them home if they are ill. You will learn your center's policy and procedures for contacting parents and isolating a sick child when needed. Sick children are removed from the classroom immediately and the front desk personnel notify the parents to pick up their child within one hour. You will complete the illness report for the parents.

Your local SOP provides details and was developed along with your local Preventive Medicine staff to exclude children with fever, diarrhea, and contagious illnesses such as chicken pox or infestations such as head lice.

**ILLNESSES**  
**(cont.)**

Most CDCs do not administer medication except for special needs children. Your T&C Specialist will inform you if the need arises, and will provide additional training if necessary.

You must minimize health risks from pets that come into contact with children. If your center keeps pets your T&C Specialist will provide you training to ensure the pets are well behaved with children, free from diseases, properly immunized and maintained in a sanitary manner. Children must be taught how to handle animals properly to avoid injury to themselves or the animal.

*The checklist at Attachment (2) is used during monthly and annual inspections. Your T&C will give you a copy of the daily safety checklist that is used in your center.*

The management staff will assist you in making any corrections needed to prevent the spread of disease in your classroom.

---

**SMOKING**  
**AND CHILDREN**

Smoking is prohibited in CDCs and on playgrounds.

When children are around adults who smoke, they breathe harmful second hand smoke.

Children exposed to secondhand smoke are sick more often. They have more coughs and colds, ear infections, risk of pneumonia, asthma and allergies. Please help protect our children!

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## NUTRITION AND HEALTHY MEAL SERVICE

### NUTRITION

Proper nutrition is a key element in maintaining wellness throughout life. Children in full-day care receive the major part of their nutritional intake while in care. You have the responsibility of assuring each child receives adequate nutrition. Lifelong healthful eating habits can be encouraged through the provision of nutritious foods eaten in a pleasant, relaxed atmosphere.

Every Navy CDC provides well-balanced, nutritious meals and snacks appropriate to each child's individual needs (parents may not bring food from home unless the child has a medical release). CDC cooks are required to follow the nutritional requirements recommended by the USDA Child And Adult Care Food Program. Your T&C Specialist will give you detailed information about this beneficial USDA program which also provides cash reimbursements to non-profit CDCs for serving nutritious meals and snacks. Meals served can include Breakfast, Lunch and up to two snacks. Your T&C Specialist will tell you the meal schedule for your classroom. There can be no more than three hours or less than two hours between regular meals and snacks. Children should not go without nourishment for longer than three hours.

Because children have small stomachs and eat relatively little at each meal, all food offered, including snacks must be of high nutritional value. The cook will limit children's intake of sugar, salt, and fat to avoid associated medical problems. You will need to take into account information about children's food allergies and special nutritional needs as well. There will be a list of these posted in your classroom. There will also be a current menu posted for parents. The cook will consider the cultural values of all the families served when

**NUTRITION  
(cont.)**

planning meals and snacks. Finally, the base dietician reviews the menus. Occasionally, the cook will have to make substitutions and you will note the changes on the menu for the parents. The cook or T&C Specialist will often provide articles of interest to parents about child nutrition to improve the children's diet, which you will post on your bulletin board.

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**MEAL  
SERVICE**

Meal service is an important component of your program. Ensure your schedule permits you to successfully manage meal time for each child. Allow sufficient time for each child to finish eating. Ensure children are comfortably seated with their feet on the floor. Serve meals family style while sitting and eating with the children. (Your T&C Specialist will review the CNI (N23) Program Aide "Family Style Meal Service" with you.) Encourage children to sample all foods, but allow them to eat just the foods of their choice without being pressured.

Food experiences can be used to encourage learning in an informal way and contribute to the development of the whole child. Provide opportunities to develop self-help skills. For example, pretoddlers are allowed to finger feed themselves, preschoolers help set the table and serve themselves. Teach table manners consistent with the ability of the children through modeling and gentle guidance. Teach nutrition education by informally incorporating topics into conversations. **NEVER USE FOOD AS A PUNISHMENT OR REWARD.**

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**FOOD  
HANDLING**

Be sure to handle foods properly in a sanitary way to avoid spoilage and contamination. Wash your own hands thoroughly before preparing or serving foods, use clean utensils, and store foods properly. Keep hot foods hot and cold foods properly refrigerated at temperatures of 40 degrees Fahrenheit or less. Label infant foods and bottles brought from home with the child's name and date. Always use caution if heating food in a microwave oven and NEVER MICROWAVE INFANT BOTTLES. Your T&C Specialist will review the CNI (N23) Program Aide "Healthy Kids Keep Everybody Healthy" thoroughly with you. This booklet provides detailed food sanitation information.

**The following are the USDA meal patterns:**

**BREAKFAST MENU**

Milk, fluid	1/2 cup	3/4 cup	1 cup
Juice* or fruit/vegetable	1/2 cup	1/2 cup	3/4 cup
Bread and/or cereal, enriched or whole grain bread or	1/2 slice	1/2 slice	1 slice
Cereal: cold dry or	1/4 cup**	1/3 cup***	3/4 cup****
hot cooked	1/4 cup	1/4 cup	1/2 cup

\* Must be 100% fruit juice

\*\* 1/4 cup (volume) or 1/3 ounce (weight), whichever is less

\*\*\* 1/3 cup (volume) or 1/2 ounce (weight), whichever is less

\*\*\*\* 3/4 cup (volume) or 1 ounce (weight), whichever is less

**FOOD  
HANDLING  
(cont.)**

**MID-MORNING OR MID-AFTERNOON SNACK (SUPPLEMENT) MENU**  
**(Select 2 of these 4 components)**

Milk, fluid	1/2 cup	3/4 cup	1 cup
Meat or meat alternate	1/2 ounce	1/2 ounce	1 ounce
Juice* or fruit/vegetable	1/2 cup	1/2 cup	3/4 cup
Bread and/or cereal, enriched or whole grain bread or	1/2 slice	1/2 slice	1 slice
Cereal: cold dry or	1/4 cup **	1/3 cup ***	3/4 cup ****
hot cooked	1/4 cup	1/4 cup	1/2 cup

\* Must be 100% fruit juice

\*\* 1/4 cup (volume) or 1/3 ounce (weight), whichever is less

\*\*\* 1/3 cup (volume) or 1/2 ounce (weight), whichever is less

\*\*\*\* 3/4 cup (volume) or 1 ounce (weight), whichever is less

**FOOD  
Handling  
(cont.)**

**LUNCH OR SUPPER MENU**

Milk, fluid	1/2 cup	3/4 cup	1 cup
Meat or meat alternate			
Meat, poultry, or fish cooked (lean meat without bone)	1 ounce	1-1/2 ounce	2 ounce
Bread and/or cereal, enriched or whole grain bread or	1/2 slice	1/2 slice	1 slice
Cereal: cold dry or	1/4 cup **	1/3 cup ***	3/4 cup ****
hot cooked	1/4 cup	1/4 cup	1/2 cup
Cheese	1 ounce	1-1/2 ounce	2 ounces
Egg	1	1	1
Cooked dry beans and peas	1/4 cup	3/8 cup	1/2 cup
Peanut butter	2 tbsps.	3 tbsps.	4 tbsps.
Vegetable and/or fruit (two or more)	1/4 cup	1/2 cup	3/4 cup
Bread or bread alternate, enriched or whole grain	1/2 slice	1/2 slice	1 slice

- \* Must be 100% fruit juice
- \*\* 1/4 cup (volume) or 1/3 ounce (weight), whichever is less
- \*\*\* 1/3 cup (volume) or 1/2 ounce (weight), whichever is less
- \*\*\*\* 3/4 cup (volume) or 1 ounce (weight), whichever is less

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## CHILD GROWTH AND DEVELOPMENT/ACTIVITY PLANNING

### WHAT CAREGIVERS PROVIDE

Navy CDC caregivers provide a wide variety of play experiences both indoors and outdoors. Young children are curious and active by nature. Their drive to experience and explore is basic to the development of skills and the accumulation of information. Your classroom supports the child's natural inclination to learn by providing the space, time and materials for play that is appropriate for each child in care.

<b>Note:</b>	Materials, space and time for play do not satisfy the total requirement for learning. Supportive interactions, active supervision, and health and safety precautions discussed previously are also part of the total learning environment. You must also have a basic understanding of the ages and stages of early childhood development.
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*Your T&C Specialist will review the information in Attachment 3, on Developmental Ages and Stages for children birth through school-age.*

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### SPACE

Classrooms are arranged into "Learning Centers" that we know are necessary for the development of the whole child. Depending on the ages of the children in care, the classroom will include some or all of the following space for:

- Toileting/Diapering/Handwashing.
- Food Preparation and Meal Service.
- Rest or Nap.
- Dramatic Play.
- Language, Books and Reading, Writing.

**SPACE  
(cont.)**

- Creative Art and Drawing.
- Science and Discovery.
- Manipulatives.
- Block Play.
- Computers.
- Music and Movement.
- Sand and Water Play.

All play spaces are arranged in an orderly manner so that children have easy access to toys. Avoid confusion and clutter to maximize independent and constructive play.

Furnishings are child sized for comfort and safety.

Spaces include some soft, relaxing furnishings for children's use; a place where messy play such as painting or water play can occur, private space that the caregivers can supervise adequately for one or two children who wish to play protected from intrusion by others.

There must also be adequate outdoor playground space arranged to provide a variety of active and quiet activities for children. Many of the Interest Centers you provide inside can also be provided on the playground. Although the outdoor area is used primarily for active physical play, you can designate space for quiet play such as sand and water, pretend play, books and art. Especially in the warmer climates, many interest centers remain outside all year long. On the other hand, in areas where there are prolonged periods of very bad weather, CDCs provide alternative space indoors for active physical play.

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**DAILY  
SCHEDULE/  
WEEKLY  
ACTIVITY  
PLAN**

As a Navy CDC caregiver you are required to post a daily schedule for parents. A regular, predictable daily schedule provides for routines such as hygiene, meals and rest times along with adequate time for play, both indoors and outdoors. Your daily schedule will provide a routine, yet be flexible enough to accommodate varying needs and to permit taking advantage of unique opportunities.

Children, like adults need a daily routine. They like to know what will happen next. Young children do not understand the meaning of clock time, but they do understand routines. Routines make them feel more secure. Your schedule must provide a balance of active and quiet play with a variety of alternatives. Changes from one activity to another must be handled smoothly, with a minimum of waiting, confusion or regimentation. Whenever possible, children should be allowed to finish an activity at their own pace and make a gradual transition to another activity. Your T&C Specialist will provide you with a copy of the CNI (N23) Program Aide “Transition Times” to assist you with this difficult task. Make sure substitute caregivers are familiar with your daily schedule to provide continuity for children.

- *(See Attachment 4 for a sample daily schedule.)*

Planning reduces frustration for everyone. The T&C Specialist will also assist you in developing weekly lesson plans and provide resource books for planning activities.

- *(Attachment 5 provides sample activity planning forms.)*

You are allowed to take advantage of the many natural learning experiences that occur during the day. As they are able, include children in daily routines such as helping to prepare food, simple chores such as setting the table, and typical interests such as gardening. You can enhance learning during these experiences by explaining processes and sequences, talking about color, number, shape and size, and answering questions.

**DAILY  
SCHEDULE/  
WEEKLY  
ACTIVITY  
PLAN  
(cont.)**

Additionally, when planning activities, offer experiences that reflect the wide diversity of cultural traditions found in our society in a non-biased, nonsexist manner. Examples of racial and cultural variety are present in dolls, pictures, art materials, toys and books. Avoid stereotypes by assuring that play materials represent people of different ages, gender, ability, socioeconomic groups, races and cultures in a non-biased way. Place emphasis on the appreciation of differences. Encourage boys and girls equally to take part in all types of activities.

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## DEVELOPMENTALLY APPROPRIATE TOYS, EQUIPMENT AND MATERIALS

### PLAY MATERIAL

A variety of play materials must be available indoors and outdoors to meet the learning and developmental needs of the children in the group. Children should be actively involved in hands-on play activities that are challenging but not frustrating. Because children develop rapidly during the early years, it is important to select toys and equipment to meet the changing needs and individual interests of each child. Knowing the age appropriate toys and materials for children is an important requirement. Provide many open-ended materials that can be used by children of varying abilities. When necessary, provide play materials that meet the needs of children with handicapping conditions or developmental delays.

- *(A comprehensive list of activities, toys, and equipment grouped by age group is provided at Attachment 6). Your CDC Resource Library, contains toys and equipment as well as resource books from which to plan activities.*

Equipment will be used by different children in many different ways. Equipment may stimulate a child to work on certain skills. For instance, games encourage children to work cooperatively with others, while balls promote muscle coordination. Note that toys and equipment suggested for each of the age groupings includes both home-made and commercial equipment.

Remember, all children develop at their own rate, so choose toys and activities not only based on age, but on skill level. Be sure to look at what is appropriate for children just below or above the child's chronological age.

**PLAY  
MATERIAL  
(cont.)**

In a quality program, infants and toddlers have access to simple, lightweight, sturdy toys and books that are easy to clean. These can include rattles, music toys, push-pull toys, simple puzzles, lightweight blocks, play telephones, dolls, large crayons and paper and balls. (You will need duplicates of toys for pretoddlers and toddlers who are just learning to share.) Preschoolers and younger school-aged children have access to a broad range of hands-on materials such as art materials, blocks, books, music, pretend play toys, nature and science, cooking, woodworking, puzzles, beads, peg boards, wheel toys, balls, climbers and slides. Older school-aged children have access to materials for hobby and art projects, music, board and card games, team and individual sports, appropriate language and reading materials, and a quiet space to work on their homework, if they wish.

<b>NOTE:</b>	A responsible caregiver encourages peaceful toys. Although children will inevitably act out violent play, caregivers must discourage toy guns, knives, and other toys that encourage destructive play. Additionally, your T&C Specialist will discuss your center's policy on the number and kinds of toys children are allowed to bring from home, which can help to reduce disputes.
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Children should be actively involved in the care of the materials, equipment and environment. Toys must be stored on shelves to encourage development of self-help skills. Encourage children to use toys carefully and help clean-up as they are able. A few simple rules for respectful use of materials and, equipment can be taught to the children, such as, "Draw on the paper", and "use the blocks to build on the rug", "turn the pages of the book gently". You are also a model of respect for the environment and materials.

<b>NOTE:</b>	Attachment (7) provides information about the use of television and computers with children that you must read and discuss with your T&C Specialist
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## PROFESSIONALISM, AND CUSTOMER SERVICE TRAINING

### GOAL

Another goal of on-going training is to increase the quality of care and promote professionalism among staff. Professionalism is determined by the caregiver's experience and education credentials, participation in orientation training, her knowledge of early childhood theories and practices, her code of ethics, and a commitment to continuing education. Professionals working with young children and families make decisions based on knowledge of early childhood education and family life, and demonstrate a commitment towards quality care for young children.

Your T&C Specialist will inform you of when, where and how training is to be accomplished at your command. You may give suggestions for monthly training topics you would like to see presented. You may also ask the T&C Specialist to provide specific one on one training during classroom visits.

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### PROFESSIONALISM

In addition to attending required monthly training, you can move beyond the scope of the installation to continue your professional development. You can attend state conferences, join a state early childhood association, attend USDA conferences, etc. Caregivers can use libraries and other education resources, participate in educational activities such as conferences, workshops and courses. As part of your educational growth, you may seek official recognition such as a Child Development Associate or other credentials, diplomas, and degrees. As skills develop, you may choose to take part in training others.

As a professional child caregiver you should be familiar with and utilize community resources such as the resource and referral agency, the USDA, social services, early intervention services and health services, when appropriate.

## **PROFESSIONALISM**

**(cont.)**

Ask your T&C Specialist for guidance on professional growth opportunities in your community. You should be aware of the public and private resources available and know how to use them, when necessary. When a child with special needs such as a handicapping condition or developmental delay is enrolled, the CDC Director will contact appropriate early intervention and health services in the community.

### **Characteristics Of A Professional**

The following are characteristics of a professional. Read through them and incorporate them into your program for your professional growth:

- The care provider adheres to a code of ethics that includes respect for the children, their families and their cultures, confidentiality, honesty in personal and business dealings, and accepting responsibility for the job of child care.
- The care provider maintains an anti-bias multi-cultural attitude and implements a nondiscriminatory policy. The care provider maintains confidentiality regarding all personal information about children and families and shares information only with the parents' consent.
- The care provider finds ways to meet his/her own needs and to nurture her/himself, to prevent burnout and maintain energy and enthusiasm.
- The care provider takes steps to maintain effectiveness by remaining healthy, emotionally and physically, and models a sense of well-being.
- The care provider balances responsibilities as a family member and a child care provider, assures that the family understands the job, and seeks their support.

**PROFESSIONALISM  
(cont.)**

- The care provider effectively informs others about the field of child development by giving them information about the profession.
- The care provider can effectively explain the program and its rationale to the parents and the family. The care provider may advocate for CDC with policy makers and the community to promote a positive image for child care.
- If a child with a handicapping condition, developmental delay or other special needs is in care, the care provider is willing to participate with the parents and professionals to design and carry out a program to meet that child's additional needs. The care provider should be actively involved as part of a team with the parents and professionals, as they develop an Individual Development Plan to meet the needs of both the child and the family. Often care providers are pleasantly surprised to find that incorporating a child with special needs takes relatively little adjustment in the program and that the skills and information she gains can be used to benefit the other children too.

In summary, professionalism includes the recognition of the value of one's chosen work, adhering to an ethical standard, showing respect for oneself and others, balancing one's family and work roles and taking part in educational opportunities to advance knowledge and skills. Care provided to children by a professional provider, makes a positive contribution to the child's growth, development, education and well-being; offers support to parents for the complex task of parenting; and is a key component of the child care system that enables parents to be productive members of the workforce, and thus has both economic and social effects on the military community.

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## PARENT RELATIONS AND CUSTOMER SERVICE TRAINING

### GOAL

The goal of parent involvement is to achieve a positive parent-provider relationship in which a partnership is formed. A strong partnership provides a support system which benefits everyone involved - the children, parents, CDC staff and family.

What are the benefits? An effective program for children can only be achieved when there is mutual respect and cooperation between the parents and the care provider. Although children may be in your care for the majority of their waking hours, the parents exert the primary influence on their children's lives. Thus by focusing on strengthening your relationship with the child's parent you will have the greatest impact on the child. Open communication and active involvement by parents in the classroom support the bond between parent and child. Strong parent-provider relationships are a key piece in a total quality CDC program.

Your CDC Director can help you with other ideas to involve parents in your program. Your CDC Director can also help you negotiate through conflicts with parents so the program is beneficial to all.

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### PARENT INVOLVEMENT

Following are ways you can promote parent involvement and support:

- Conduct an "enrollment interview" before the child starts in care. Request information that will help in giving the child personalized care such as routines for eating, sleeping and toileting, play interests, and family values. During this interview, share information about your classroom, including philosophy, policies and practices.

**PARENT  
INVOLVEMENT  
(cont.)**

- Work towards a balanced relationship of mutual respect which takes into account the parent's needs, the children's needs and appropriate developmental practice and procedures.
- Model non-judgmental, anti-biased, accepting attitudes. Devote time to developing trust and open communication between parent and staff. Use negotiation and problem solving skills to find solutions to disagreements and difficulties.
- Communicate and share information with parents daily to provide continuity between home and center and avoid future problems. Discuss such things as the day-to-day experiences of the child at home and in the center, health and behavior, child's current interests, and plans for upcoming events. For infants and toddlers it is particularly important for both parents and care providers to exchange information daily about food intake, diapering/toileting, naps, general health status and mood.
- On-going communication can include notes and newsletters home, posting menus, schedules and messages on a bulletin board, or having telephone conversations and conferences where there is opportunity for longer discussion. In all communication the positive aspects of the child's personality, interests and accomplishments should be included. Problems should be handled with sensitivity and cooperation emphasized, in working towards a solution.
- Nurture and respect the parent's role by acknowledging that the parent has the primary influence on and responsibility for child rearing.



**PARENT  
INVOLVEMENT  
(cont.)**

- Take into account the parent's dietary, cultural, religious and other preferences. Be sensitive to the needs of working parents, helping them feel in touch with their children's developmental progress and comfortable about sharing the responsibilities of child rearing. Share child development information by calling parents' attention to books, articles, television programs or workshops available to them. Help parents to make use of community resources to meet their various needs.
- Encourage parents to be involved in the center and to participate when able. Require parents to visit the center before the child's first day. Ensure parents know they are welcome to visit anytime after enrolling their child; that there is an open door policy. Invite parents to take part in helping with activities, providing materials, assisting on field trips or sharing some of their own interest and talents. Give parents an opportunity to evaluate the program from their point of view and to provide suggestions for change.

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**CUSTOMER  
SERVICE**

Refer to Attachment #12 for information on the Star Service Training you will participate in.

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## CHILD GUIDANCE TECHNIQUES TRAINING

### PURPOSE

The purpose of guidance is to build a child's self-control, self-respect, and respect and consideration for the rights and property of others. Guidance is not to be confused with punishment or reprimand. Guidance is an understanding of what is acceptable and an understanding of what is expected.

Your role is to give patient support and guidance to encourage each child to learn how to get along well with others.

Children's social skills develop slowly. You must base your expectations on each child's developmental level and personality. You must be a consistent model of positive social interaction, honesty, consideration and kindness. A good provider acknowledges children's negative feelings such as anger, sadness and frustration even when their behavior cannot be accepted. Use positive methods of guidance, such as setting a few developmentally appropriate clear and simple rules, problem solving and giving alternatives for unacceptable behavior. Help preschool-age children to recognize and work through their own conflicts. Observe to see what is causing problems and make the changes necessary to avoid the problems in the future. Positive guidance means setting reasonable limits in your classroom that everybody abides by. "Everyone helps with putting toys away." "We share our things with one another." "No one is permitted to bite because it hurts the other person." Make your limits clear to the children and be consistent in your action when dealing with inappropriate behavior. Use a great deal of encouragement, smiles and hugs when the children are continuing the acceptable behavior.

**NEVER USE** harsh methods of discipline, both physical and psychological, that hurt, frighten, threaten, label or humiliate children. Loud, profane, or abusive language shall not be used. Corporal punishment or any humiliating or frightening

**PURPOSE  
(cont.)**

punishment is forbidden, such as spanking, hitting, slapping, pinching, shaking, or any other form of physical punishment. Verbal abuse, threats, and derogatory remarks are prohibited. Restricting the child's movements or placing the child in a confined space is forbidden.

Your CDC has a written discipline and touch policy that gives positive guidance, allows redirection and sets clear behavior limits. This information is posted and available to all your parents.

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**GOAL**

**The Care Provider - Child Relationship**

Your goal is to establish a warm, genuine personal relationship with each child to optimize development in all areas. The care provider-child relationship is crucial to the child's overall development. Supportive, understanding personal interactions help a child feel secure, valuable and competent. Positive relationships facilitate the development of social skills through appropriate guidance. Intellectual skills are nurtured by the responsive provider who helps children extend their interests and express their thoughts through language and other creative means of expression. Self-help skills and physical development are also enhanced by adult encouragement.

The Navy requires low adult to child ratios. While this does not guarantee positive relationships, it increases the possibility for such relationships to occur.

How can you nurture a positive relationship with each child?

Maintain a warm, sensitive, loving, emotional environment that promotes security in the children. Share physical warmth appropriately to children of different ages, personalities and cultures. Comfort and help children immediately when they

**GOAL**  
**(cont.)**

show signs of distress, such as crying, fear, or frustration. Support children through emotionally stressful situations, such as separation, stranger anxiety, or difficulties at home, as well as through the daily stresses of getting along with a group.

Show appreciation and acceptance of all children, including those with special needs. Be able to recognize and respect cultural, racial, ethnic and socio-economic diversity. An open attitude of acceptance of all children and the avoidance of negative comparisons promotes children's acceptance of themselves and others as valued individuals.

Give frequent, positive, individual attention throughout the day, during both routines and play, to develop each child's feelings of self-worth. Genuinely communicate your appreciation for each child's individual personality, interests and accomplishments.

Encourage appropriate independence to promote feelings of competence, based on the abilities and needs of the children. Respect each child's interests, thoughts and opinions. Encourage children to make choices within a reasonable range of possibilities. Children should be given the opportunity and encouraged, but not pressured, to do things for themselves. For example, allow infants to finger feed themselves, toddlers to learn to put on their own clothing, preschoolers to help set the table and serve themselves at mealtime.

Engage in frequent friendly conversations throughout the day. Gear your language to each child's level of understanding and be sure the meaning is clear. Many personal conversations should take place in response to children's interests, so you both share information. Encourage children to talk by listening with interest, responding appropriately, and asking open-ended questions to help extend the child's thinking.

**GOAL**  
**(cont.)**

Practice this same responsiveness with infants by answering their vocalizations and providing commentary about what is going on around them. Help bilingual children feel comfortable with both languages, and learn some basic words in the child's home language.

Model an enthusiasm for learning and support children's natural curiosity and inclination to learn. You can assure developmentally appropriate learning by following the children's lead, extending interests with suggestions, information and activities but avoiding pressure and adult-imposed demands for achievement. Encourage children's reasoning throughout the day by asking questions to help children work through problems and extend their thinking, and also by focusing children's attention on aspects of the environment and activities.

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## CLASSROOM RECORD KEEPING

### RECORDS

#### Record Keeping:

There can never be enough emphasis on the importance of keeping accurate records. Being organized saves you time and prevents misunderstandings with parents.

Documentation is critical for many aspects of your work with young children.

Every classroom has a bulletin board and space to post required certificates and information for parents.

#### Bulletin Board:

Post information for yourself and the parents.

- Menus
- Daily Schedule
- Training Certificates
- Emergency Procedures including fire evacuation routes
- Sign in Sheets
- Discipline and Touch Policy
- DoD Hotline numbers

<b>NOTE:</b> You will post children's allergy or medication notices where the staff and substitutes will see them.
--

Posted inspection and training certificates will tell parents you have met the Navy standards to operate. Attendance sheets verify which children are present at all times.

## FORMS

### Forms And Children's' Files:

Additionally, accurate and organized records influences the perception that parents have of the quality and professionalism of your work.

Complete forms have several purposes:

- Establishes the responsibilities of all parties involved.
- Spells out the agreements under which your center operates.
- Meets all the responsibilities of providing child care.

The CDC Director has an enrollment file for each child including health information such as allergies, immunizations, emergency numbers and signed medical forms and developmental information.

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## POLICIES

In the classroom there is a file for each child which includes the Child and Family Profile (see attachment 8) as well as, your records of observations, parent conferences, incidents, accidents, or other information about the child's development.

Your CDC Director discusses the written policies with parents before the children are accepted for care. Written policies can prevent disagreements because they orient families to the rules of the program and you must consistently enforce these policies.

The CDC Director will give you a CDC Parent Handbook as well. This will enable you to familiarize yourself and answer parent questions when necessary. Some topics which are included in written policies are: days and hours of care; fees and payment schedules including sick and vacation days; refunds, late fees and bounced checks; sick days for children



**POLICIES**  
**(cont.)**

and yourself, child care termination; reporting of child abuse; transportation; authorization for pick up; children's personal care issues such as meals, naps, toilet training; programmatic issues such as philosophy, activities, schedule, trips; guidance methods; health and safety issues such as dispensing medication, emergency plans, exclusion for illness; rules related to pets; what parents need to provide for their children such as diapers, formula, an extra set of clothes.

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## ECERS/ITERS/INTRODUCTION TO MODULES TRAINING

### **RATING SCALE**

After you complete the orientation training the T&C Specialist will introduce the Infant/Toddler Environment Rating Scale (ITERS), or the Early Childhood Environment Rating Scale (ECERS) if you work with preschool age children. These are a set of nationally recognized criteria for rating the quality of the classroom environment and the developmentally appropriate program.

Your T&C Specialist will review the entire booklet with you and describe the items. There are practice worksheets to complete that will help you understand the rating system. You will then watch a video with sample scenarios filmed in child development centers. You will rate certain items base on what you observed. Then everyone will discuss their scores and the video tells you the correct score. You can practice rating different items until you are comfortable with the process.

You will then use the ITERS or ECERS to conduct a self-assessment of your classroom and determine where improvements are needed to sustain quality. You must make improvements until a score of at least (5) is achieved on every item. The other caregivers in your classroom will also conduct their own assessment. You may complete the rating items by section or if you have a large block of free time, you can rate all items at once.

The T&C Specialist will then observe in your classroom and record her own ratings. Each of you will record your scores on the Inter-rater Reliability form. The T&C Specialist will then meet with all of you to compare scores and observations. A plan will be developed to make any necessary or desired changes in the classroom.

This process is required at least annually, but it is recommended that you keep the rating scale accessible. You can review it at any time to make sure you continually maintain scores of at least (5) on each item.

## **MODULES**

Your T&C Specialist will give you the Introduction Module which familiarizes you with the format of the modules and assesses your current training interests. Most likely you will not begin the modules for a few months, but it is a condition of employment that you complete a set of 13 modules within 24 months of hire. You can receive 3 semester college credits for each set you complete!

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# **SECTION C**

**“CARING FOR  
CHILDREN”**



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## ORIENTATION HANDBOOK FOR NAVY CHILD DEVELOPMENT CENTER CAREGIVERS

### SECTION C

#### Caring For Children

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##### ON-GOING REQUIREMENTS

After training, review the CDC Caregiver Self-Assessment Agreement (Attachment 11) with your CDC Director. Ensure you understand all the policies, procedures, and requirements associated with your job duties. You will both sign the agreement, which will then be placed in your training record.

When you have completed all your initial training, classroom observations, and all local background checks are complete you will begin working with children. Every classroom has a Lead Caregiver and there are typically two full-time and one flexible scheduled employee per classroom. You will work as a team to develop lesson plans, curriculum, and activities. You are required to work within line-of-sight of a caregiver with a completed background check until your FBI clearance is successfully complete.

If you were a caregiver at another command and your background clearances and training record are up to date, you will most likely begin working after a short orientation.

##### Annual Requirements

For each additional year you work as a caregiver, OPNAVINST 1700.9SERIES requirements include:

- Four hours monthly training.
- CPR and First Aid as they expire.

**ON-GOING  
REQUIREMENTS  
(cont.)**

- Medical screening.
  - Annual Training CPR, First Aid, Child Abuse Prevention, BBP, etc.
  - Participation in the Navy Standardized Training Program for Caregivers.
- 

**CLASSROOM  
VISITS**

The T&C Specialist, Lead Technicians, and CDC CDH Director will all visit your classroom to observe, train, or just to talk with you at least once daily. These visits are to verify compliance with standards, evaluate your performance, and to give you general support as you continue through your career. Classroom visits are not to be solely inspections and/or policing in nature. These visits are used to assess the provider's ability to work with children, understand children's needs, and provide quality care in the classroom environment.

The trainer will focus on the needs and development of the children in care. Discussions should focus on goals for the children and activity planning relating to the goals. At the same time the CDC staff will assist you in making sure your career with us is professionally and personally rewarding. Feel free to ask the staff to bring you information or ideas you need to help with your program, the children and/or the parents.

The T&C Specialist will discuss her observations with you after each visit to the classroom. You will both discuss all issues and agree on a plan of action for correcting any deficiencies found.

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**MONTHLY  
TRAINING FOR  
CDC CAREGIVERS**

OPNAVINST 1700.9SERIES requires all providers to receive a minimum of four hours approved training each month. The T&C Specialist will explain the available options, which is determined by your pay grade. This training will include, but is not limited to, child care techniques and procedures for providing safe, developmental child care in the classroom. You must also participate in the Navy CDC Caregivers' Training Program (a set of 13 self-paced modules for military CDC caregivers). Depending on your experience, you and the T&C Specialist will determine when you will begin the modules, but always within the first 6 months of hire. It is a condition of employment that you complete a set of modules within 24 months of hire. You can receive 3 semester college credits for each set you complete.

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**A WORD ABOUT  
INSPECTIONS**

The center is required to go through numerous inspections which is the way the Navy maintains continuous quality control. You and your classroom team of caregivers are responsible for checking that your classroom and playground are always in compliance. Preventive Medicine and Fire Prevention inspectors conduct monthly inspections and fire drills. The checklists at Attachments 2, 3, 4, correspond to OPNAVINST 1700.9Series and are used in the inspections. You should also use these checklists on a daily/weekly basis to ensure you remain in compliance with standards in OPNAVINST 1700.9SERIES. CNI (N23) staff conduct annual unannounced inspections using the entire criteria which can be found at Attachment (12). The inspectors and CDC Director will assist you to correct minor deficiencies and pass the inspections. If major repairs or replacement of equipment is needed, your lead caregiver will notify the CDC Director. Every staff member is responsible for notifying management of safety and health hazards immediately.

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**DOD  
CERTIFICATION**

When the CDC successfully passes the annual CNI (N23) unannounced inspection, the Department of the Navy issues DoD certification. You will find the Certificate to Operate posted in the CDC lobby.

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**NAEYC  
ACCREDITATION**

As we stated earlier, all military CDCs are required to achieve and maintain accreditation by the National Academy of Early Childhood Programs.

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# **ATTACHMENTS**



## **ATTACHMENT I GLOSSARY**

<b>APF</b>	Appropriated funds.
<b>APF Direct Costs</b>	Direct costs are those costs clearly identified to a product or output and are totally related to the output, such as hands-on labor or material used in a product. First-line supervision over a function in sole support of a specific output is considered a direct cost. Similarly, second-line supervision may also be considered a direct cost if solely in support of a specific output. Second-line supervision and activities above second line that do not provide direct benefits to a specific output are not considered direct costs (i.e., costs related to headquarters, or support activities).
<b>APF Employees</b>	Civilian personnel hired by DoD Components with APFs as defined in Federal Pay Manual (FPM), Chapter 731. This includes temporary employees, 18 years or older.
<b>APF Indirect Costs</b>	Indirect expenses are overhead costs that cannot be reasonably associated with any particular outputs and are located over all of the outputs. Indirect costs generally include rents, utilities communications, maintenance repair, communications, minor construction, and non-prog. contracts.
<b>Accreditation</b>	Nationally recognized credential developed by the National Association for the Education of Young Children, Academy of Early Childhood Programs.

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<b>Caregiver</b>	Civilian employee of the Department of Defense who provides direct care for children and has responsibility for planning or assisting in planning and/or carrying out a program which meets the children's needs at the various stages of development and growth. These employees are counted in the staff and child ratios.
<b>Caregiving Personnel</b>	Child Development Program civilian employees who are directly involved with the care and supervision of children and are counted in the staff and child ratios.
<b>Child Care Fee Receipts</b>	Those nonappropriated funds that are derived from fees paid for child care services provided at military child development centers. Also referred to as user or parent fees.
<b>Child Development Center (CDC)</b>	A facility on a military installation (or on property under the jurisdiction of the commander of a military installation) at which child care services are provided for eligible patrons.
<b>Child Development Center (CDC) Director</b>	The CDC Director (i.e., site supervisor, assistant director, facility manager, CDC coordinator, or program director) administers the day-to-day operations of a child care facility which includes collecting fees, managing the facility, food preparation and serving, personnel, implementing children's developmental program and staff training.
<b>Child Development Home (CDH)</b>	Care provided for up to six children (including own children under the age of eight) by a CDH certified military dependent in quarters either owned or leased by the government. CDH providers are permitted and authorized to serve dependents of DoD civilian employees of the installation when determined beneficial by the local command.

<b>Child Development Home Application</b>	Form used to request approval from the commanding officer for providing child care in an individual's government quarters.
<b>Child Development Home Director</b>	Individual responsible for administering the CDH program, screening providers and visiting homes for the purposes of training and quality assurance. In large programs, a director should have responsibility for program administration and supervision of monitors.
<b>Child Development Home Monitor</b>	In large programs the monitor provides direct support to the providers through home visits and on-site training.
<b>Child Development Home Provider</b>	Individual who provides child care in his or her quarters for 10 hours or more on a regular basis with the approval and certification of the commanding officer and has the responsibility for planning and carrying out a program that meets the children's needs at the various stages of development.
<b>Child Development Program (CDP)</b>	Child care services for children through age 12 years of DoD personnel provided in child development facilities, to include contract locations, child development homes, and alternative locations. Care may be provided on a full-day, part-day, or hourly basis. Care is designed to protect the health and safety of children; to promote their physical, social, emotional, and cognitive development; and to enhance children's readiness for later school experience.
<b>Child Development Program (CDP) Administrator</b>	The CDP Administrator manages the complete CDP, which can include any or all of the following different programs: CDC, CDH, SAC, child care resource and referral. This person manages nonappropriated and appropriated fund budgets, facilities, procurement of supplies, food programs, personnel, curriculum, and training.

**Child Development  
Center (CDC) Employee**

A civilian employed to work in a CDC (regardless of whether the employee is paid from APFs or nonappropriated funds).

**Child-Sized Furniture**

Child's feet rest on floor when seated in chair, table height is comfortable with knees under table, elbows above table.

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**Department of Defense  
(DoD) Certificate to  
Operate**

A certificate issued every 15 months to each DoD CDP after the program has been inspected by a representative(s) of the higher headquarters or a major command child development specialist, and found to be in compliance with DoD standards.

**DoD Child Abuse and  
Safety Hot Line**

Continental United States and Outside Continental United States 1-800 numbers that reach the Office of the Assistant Secretary of Defense (Force Management on Personnel) to report suspected child abuse or safety violations in DoD child development and youth programs.

**DoD CDP Employee  
Wage Plan**

The NAF wage plan implemented in response to the Military Child Care Act, which uses a NAF pay banding system to provide direct service personnel with rates of pay substantially equivalent to other employees at the installation with similar training, seniority, and experience. Pay increases and promotions are tied to completion of training. Completion of training is a condition of employment. This wage plan does not apply to CDPs constructed and operated by contractors under 10 U.S.C. 2809.

**Dependent Child**

Includes adopted children or recognized natural children, stepchildren and foster children who live with the military service member or civilian employee in a regular parent-child relationship. Dependent children requiring child care services program support are defined as those who range in age from 6 weeks to 12 years of age.



<b>Developmental Program</b>	A planned program of developmentally appropriate activities which promote the social, emotional, physical and intellectual development of children in each age group. Activities include child-initiated as well as adult-directed activities.
<b>Environment</b>	Use of space, materials, furnishings and experiences to enhance children's development. Includes daily schedule and supervision provided.
<b>Facility</b>	All or any portion of a building on a military installation (or on property under jurisdiction of the commanding officer) where the primary purpose is to provide child care for active duty personnel and DoD civilians.
<b>Family Care Plan</b>	A Navy form that outlines the person(s) who shall provide care for the military member's children, disabled, elderly, and/or other family member(s) dependent upon the member for financial, medical, or logistical support in the absence of the member due to military duty. The plan outlines the legal, medical, logistical, educational, monetary, and religious arrangements for the care of the member's family, in accordance with OPNAVINST 1740.4.
<b>Full-Day Care</b>	This care meets the needs of parents working outside the home who require child care services 5 hours or more per day on a regular basis, usually at least 4 days per week.
<b>Hourly Care</b>	Care provided in a CDP that meets the needs of parents requiring short-term child care services on an intermittent basis. Hourly care includes short-term alternative child care.

<b>Infant</b>	Children 6 weeks through 12 months of age.
<b>Intern</b>	A college student gaining supervised practical experience in a child development setting.
<b>Life Threatening</b>	Major deficiencies with imminent danger are those that, by themselves, threaten the safety or well being of the children.
<b>Mixed Age Group</b>	A group of children in a CDP drawn from more than one child age group category.
<b>Nonappropriated Fund (NAF)</b>	Funds not appropriated by Congress (e.g., funds generated by parent fees and charges that support payment of caregivers' salaries and benefits, supplies and food costs).
<b>National Academy of Early Childhood Programs</b>	A division of the National Association for the Education of Young Children (NAEYC) that administers an early childhood program accreditation process designed to set the standards of excellence in early childhood education.
<b>Newborn</b>	A child birth through 5 weeks of age.
<b>Parent</b>	The biological father or mother of a child; a person who, by order of a court of competent jurisdiction, has been declared the father or mother of a child by adoption; the legal guardian of a child; or a person in whose household a child resides, provided that such person stands in loco parentis to the child and contributes at least one-half to the child's support.

<b>Parent Advisory Board</b>	A group composed of parents of children attending CDPs. Parent Advisory Boards are not advisory committees and need not comply with the Federal Advisory Committee Act under Section 805 of the Military Family Act of 1985.
<b>Parent Participation Program</b>	A planned group of activities and projects established by the Parent Advisory Board to encourage parents to volunteer in CDPs, including special events and activities (such as field trips, holiday events, and special curriculum programs), small group activities, special projects (such as playground improvement, procurement of equipment, and administrative aid), and parent education programs and training workshops to include child abuse prevention education for parents.
<b>Part-Day Care</b>	This care meets the needs of parents working outside the home who require the child care services on a seasonal or regularly scheduled part-day basis for fewer than 5 hours per day, usually fewer than 4 days per week.
<b>Preschool Age</b>	Children from 37 months through 5 years of age.
<b>Preschool Programs</b>	A CDC-based enrichment program for children 3-5 years of age that lasts 4 hours or fewer per day on a regularly scheduled basis.
<b>Pre-toddlers</b>	Children 13 through 24 months of age.
<b>Resource and Referral Services</b>	A service which provides information about child care services on and off the installation to meet each patron's unique child care needs and to maximize use of available sources of child care.

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<b>School Age Child Care</b>	Services which provide part-day or hourly care for children 6-12 years of age who require supervision during duty hours, before and after school, and during school closures.
<b>School Age Children</b>	Children aged 6 years through 12, or attending kindergarten through sixth grade, enrolled in a school age care program.
<b>Short-term Child Care</b>	A child care program that provides on-site hourly group child care when a parent or guardian of the children in care are attending the same function and are in the same facility.
<b>Sponsor</b>	Individual whose status determines the eligibility of the child for care. This may or may not be the natural father or mother. Defined as being the individual who has legal and primary physical custody of the dependent child.
<b>Staff-Per-Child Ratio</b>	The number of children for whom one CDC caregiving employee or CDH provider will be responsible. Staff-per-child ratio varies according to age.
<b>Supplemental Child Care (SCC) Programs</b>	Child care programs and services that augment and support CDC and CDH programs to increase the availability of child care for military and DoD civilian personnel. These may include, but are not limited to, resource and referral services; contract-provided services; short-term, hourly child care at alternative locations; and interagency initiatives.
<b>Support Staff</b>	Person(s) responsible for providing services that are not directly related to caregiver services, such as, but not limited to, janitorial, food service, clerical and administrative duties.

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<b>Toddlers</b>	Children 25 through 36 months of age.
<b>Training and Curriculum Specialist</b>	An APF employee who is a professionally-qualified early childhood educator who meets the professional qualifications of the National Academy of Early Childhood Program's Early Childhood Specialist, who provides training for employees, and CDH providers, and ensures curriculum development and implementation.
<b>Unmet Need</b>	The number of children whose parent cannot work outside the home because child care is not available.
<b>Waiting List</b>	List of children whose parents have requested a child development program space when none is available.

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**ATTACHMENT 2**  
**FIRE PROTECTION, HEALTH, AND SAFETY**

1. Annual comprehensive fire and safety inspections are conducted, documented, and deficiencies corrected.
2. Monthly fire inspections and evacuation drills are conducted, documented, and deficiencies corrected. (A fire drill will be conducted during the annual unannounced Headquarters' inspection. Evaluation and emergency procedures will be reviewed and documented as part of the inspection.)
3. Monthly health and sanitation inspections are conducted, documented and deficiencies corrected.
4. Cleaning supplies (other than bleach solution) and other chemicals are kept in locked storage.
5. Staff use the Centers for Disease Control diapering, handwashing, and sanitation procedures.
6. Staff and children wash hands at appropriate times.
7. Tissues, soap, and disposable towels are stored within children's reach.
8. An EPA approved disinfectant is used to clean all surfaces. Toys and equipment are cleaned at least weekly. Infant toys are cleaned and sanitized daily and as needed.
9. Universal precautions are used when cleaning up blood or other body fluids.
10. There is a first aid kit equipped with materials for emergency cleaning and protection of wounds.
11. Children who become sick are moved from the classroom to the isolation room or other supervised area.
12. Oral health routines are in place for children over three years. Toothbrushes are properly stored.

13. Cribs and crib sheets are cleaned at least daily and when soiled. If hourly care, they are cleaned after each child's use.
14. Cots are cleaned at least weekly, and when soiled, using an approved product.
15. All classrooms and administrative areas are clean and well maintained.



**ATTACHMENT 3  
DEVELOPMENTAL PROGRAM AND PARENT INVOLVEMENT CHECKLIST**

**COMMENTS**

1. Program activities are consistent with NAEYC developmentally appropriate practices and reflect the developmental levels of children, encourage children to think, reason, question, experiment, and provide opportunities to develop communication skills.
2. The planned program of activities is posted and available to parents. Activities are based on documented staff observations and reflect the interest, needs, and developmental levels of the children.
3. The daily schedule is balanced with indoor/outdoor, quiet/active, individual/small/ large group, and child/adult initiated activities.
4. The schedule allows time to transition activities so children do not wait in line or sit for long periods of time.
5. Several activities are planned at the same time so children can make choices.
6. Indoor areas are arranged so children can do things for themselves with a minimum of adult supervision.
7. Shelves and interest areas are labeled appropriately using pictures, symbols, or words.
8. Interaction between staff and children is frequent and promotes the child's self-esteem and self-confidence.
9. Two caregivers are with groups at all times (one is full time for continuity). The one exception is that one caregiver is acceptable when children older than 12 months are sleeping (if several children are awake and up playing there should be two caregivers). There is enough staff in the center to cover ratios in case of emergency.

10. Children's group assignments are based on developmental levels and not changed more than once in a 12-month period.
11. A designated supervisor is available during all hours of operation.
12. Caregivers accommodate infant/pretoddler routines, feeding and sleeping schedules. Infant feeding chairs are used on a limited basis.
13. Staff use positive guidance and discipline techniques.
14. Television or computer is limited to 30 minutes per day.
15. Signed permission slips are required for any trip away from the center.
16. Hourly care programs are planned so children can easily move in and out of activities.
17. The Parent Advisory Board meets regularly, minutes are taken, and recommendations are forwarded to the responsible commander for review/approval. An administrative staff member is assigned to represent the program, assist with coordination, and maintain documentation.
18. Parents have unlimited access to their child, are informed of their activities, and have the opportunity to meet with their child's primary caregiver.
19. Parent conferences are offered at least annually. Comments are filed in children's records.
20. Child abuse prevention and education is made available to parents.

## ATTACHMENT 4 AGES AND STAGES/DEVELOPMENTAL CHARACTERISTICS

### INFANTS

Because a child develops from head to toe, he first learns about the world through his eyes, ears and mouth. The newborn is soothed by the sound of your voice and he studies your face as you talk to him in a gentle, rhythmic way. The first responses are to noise and hunger. Shortly after birth, the baby actively explores the world around him with his mouth, and soon, he brings objects to his mouth, leading to early discoveries. The infants' first communication comes through touching. He develops a feeling of comfort and security as you hold him close for feeding, bathing, dressing and cuddling. Infants learn to love by being loved. From early on infants learn through looking. Towards six months, much of their waking time is spent reaching for and grasping objects, as well as looking about.

Words begin to have meaning for the infant both in what he understands and in his attempts to say a few words that have meaning for him. He is friendly and affectionate and shows the beginning of a stable relationship with his primary caregiver. He begins to assert himself by covering his face to avoid being washed or by holding fast to a favorite toy when someone tries to take it. The growing infant spends a good deal of his waking hours staring at objects, followed by more time trying to see just what he can do with those objects, such as turning wheels and bending things back and forth. He likes to put smaller objects into larger ones, put things together and take them apart, or simply bang, drop, or throw them to see what happens.

As soon as the infant becomes mobile by creeping, crawling and learning to walk, his investigation of the world around him grows by leaps and bounds. Infants need space and opportunity to explore and try out new abilities. His balance isn't too good yet, and his memory doesn't always function well. The exploring infant may forget where he is or how he got there and so, frequently falls or gets trapped. His curiosity and zest for living are not matched by a sense of the dangers around him. Special precautions are needed to child proof the house. It is important to look at your home as if through the eyes of the infant.

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## **PRETODDLERS**

The pretoddler continues his exploration of the world at a faster pace now that he has greater mobility. He wants to find out what he can do with his body as well as with objects, so he climbs, walks, bounces, and pursues the toys he's playing with. He is making his wants known with gestures and with real words. The young child shows a genuine interest in learning new words by the time he is two and is forever asking simple questions. He plays contentedly for longer periods of time. He begins to assert himself in his attempts to feed himself.

Sooner or later, all children go through a stage of being negative in response to suggestions, requests, or commands from adults. It is simply a part of the process of learning who they are and what they can do - a part of changing from a dependent infant to an independent child.

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## **TODDLERS**

The young toddler moves with more confidence. He has learned a lot about manipulating toys and household objects, about how things turn and move. He's beginning to use words and thoughts, rather than trial and-error alone, in solving simple problems. He can anticipate some consequences and has some understanding of causes and effects. The two-year-old is an active listener to music, stories and poems. Picture books begin to take on meaning. His vocabulary is increasing at a rapid rate, and he holds conversations, both real and imaginary. He is becoming more independent in feeding himself and is making an effort to help with dressing. He shows an increasing interest in playing with other children and in activities outside of the home.

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## **THREE-YEAR-OLDS**

The world is opening up for the growing child. He has even better control of his arms, legs and body. However, his active play has more purpose than just the exercise of his muscles. He will spend more time and show more patience in doing tasks requiring fine muscle control and coordination. His memory is improving, and the maturing child follows through on simple instructions.

### **THREE-YEAR-OLDS**

**(cont.)**

He can eat reasonably well and drink without spilling. He can often sleep through the night without wetting and can take care of his toilet needs during the day, if his clothes are easy to manage. He is interested in what he can do with words and uses language well in his interactions with peers and adults. He is counting, asking questions, and starting to note differences and make comparisons. At this age, he enjoys being with other children and likes to please adults - something which makes this a pleasant period for everyone.

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### **FOUR-YEAR-OLDS**

At this age your child is actively trying many new experiences, so much so that he may tire himself easily. He thrives on variety. He tends to be more complex in his imaginative play, to make things with greater skill, and to stick with more difficult tasks for longer periods of time.

He attends well when stories are read to him, both in listening and in looking at the pictures. He is becoming aware of time concepts of yesterday, today and tomorrow. He recognizes the difference between “real” and pretend”. He likes to use words just to hear their sounds or to see their effects on people. He may be bossy or try “naughty” words. He is even developing a sense of humor and likes to make others laugh. As the preschooler gets closer to entering kindergarten, he becomes more interested in printing letters and in painting and drawing pictures, even though he may be the only one who recognizes the content. He starts to plan ahead what he will do, but his moods may change quickly.

Self-help and social skills become increasingly important as your child gets ready for the day when he can go to kindergarten.

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**FIVE-AND-SIX-  
YEAR-OLDS**

The kindergarten child is still exploring his world and becoming increasingly independent. He is self-sufficient in self-help skills and hygiene and can take on small responsibilities in the household. He uses basic motor skills as part of other play - less for the sake of activity alone. He may appear reckless because he uses his skills to their fullest (rides a tricycle at full speed) and can usually run, skip, hop and begin to jump rope. He now draws forms that are more clearly defined and recognized by adults and the preference for right or left hand is usually established. He begins to print letters but may confuse shapes of letters and numerals. He can carry on lengthy conversations, communicate thoughts and feelings and tell stories in sequence. The child now clearly, understands the sequences of daily events and deals with concepts of time and seasons. He has increasing understanding and control of feelings and his behavior is not as compulsive as before. He is beginning to find some support from playmates and not as dependent upon adults for approval and recognition. He shows a greater awareness of rules and also shows a greater interest in the opinions of others. The child still needs rest time but may not actually sleep.

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**SIX-TO-TEN-  
YEAR-OLDS**

The rate of the school-age child's physical growth slows down and he now has skilled use of his body (eye-hand control; stand on one foot; hop; skip, jump; can catch and throw a ball accurately; bounce a ball; climbs well). As the child gains independence, he begins to evaluate his self and his behavior and is concerned about right and wrong. The school-age child is often careless, noisy, argumentative, self-assertive and aggressive. The child can assume household responsibilities and care for his own things (although may be forgetful). He will play in a group, has an interest in teams, and will abide by team decisions. Children need a group of friends, usually of the same sex. The imagination is well developed and he enjoys making up plays and songs and is fascinated with monsters and monstrous happenings. The child understands time and money; is learning to plan ahead; needs prestige and may boast.

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## **TEN-TO-TWELVE- YEAR-OLDS**

There is a rapid growth in weight and height (will have a big appetite!). Muscular growth will be rapid and uneven and may be awkward. Some children may be restless or slow moving due to rapid growth rate. They are also adjusting to body changes due to sexual development. There is a wide range of individual differences in maturity.

The child's ideas of right and wrong are more effected by their own age group than adults. They are concerned with group recognition and approval of own skills and abilities. They have a strong desire to make their own decisions, and may contest every adult statement or direction.

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## **CHILDREN WITH SPECIAL NEEDS**

The developmental characteristics discussed above are based on what researchers have found to be normal patterns of development. Not all children follow these patterns. Because of a wide variety of conditions (physical, emotional, behavioral) some children may require special programming to meet their needs. If you care for a child with special needs you can help the child, parents and other children in the center: Learn all that you can about the condition from the parents, pediatrician and library. Every CDC convenes a Special Needs Review Board before enrolling these children. No child is ever denied care based solely on the presence of a special need.

Your T&C Specialist will work with you when enrolling a special needs child. You will learn any special needs the child might have such as special dietary, napping, toileting needs, hearing aids, leg braces, etc. Learn how you can change your program to meet the child's needs. Adapt toys to meet the child's skills/needs. Arrange space to be safe and accessible. Use books and materials to help other children understand and accept the child. Teach acceptance of people as people by showing that you accept the child, talk openly with the child and other children, and encourage the child to work to the limits of his or her ability. A child who cannot do many of the items in a particular area, such as motor skills, or



**CHILDREN WITH  
SPECIAL NEEDS  
(cont.)**

in several areas for his age group, may need special or professional help. Often, the child's therapist will visit the center and work with the child and staff. Navy Family Service Centers also provide many helpful services. Observe all children. Early identification and assistance greatly increase the chances that a child will overcome any difficulties he is experiencing.

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**ATTACHMENT 5**  
**A SUGGESTED DAILY SCHEDULE**

<b>0600-0730</b>	Greet Parents/ Groups combined in Room 4 CHILDREN'S CHOICES - Manipulatives, Book Corner, Writing Center, Science Center, Computers, Dramatic Play Area
<b>0730-0800</b>	Transition activity to Room 3 FAMILY STYLE BREAKFAST Wash hands, toileting and clean-up
<b>0800-0830</b>	Caregiver directed Large Group (E.g., Music, Movement, Fingerplays, Singing, Picture Cards, Stories, etc.)
<b>0830-0945</b>	Transition to OUTSIDE CHILDREN'S CHOICES (E.g., Climbing Equipment, Wheel Toys, Water and Sand Tables, Gardening, Dramatic Play, Easels, Balls, Science Area, etc.)
<b>0945-1045</b>	Transition to inside, wash hands, toileting, INSIDE CHILDREN'S CHOICES - (E.g., Creative Art, Block Center, Writing Center, Manipulatives, Rice Table, Dramatic Play)
<b>1045-1100</b>	Transition to Circle Time, Handwashing, toileting, lunch helpers set tables for
<b>1100-1130</b>	FAMILY STYLE LUNCH
<b>1130-1200</b>	Clean-up, brush teeth, children have a choice of books, lego table, or puzzles while cots are put out
<b>1200-1400</b>	REST TIME Children who wake up early can play quietly with Playdough, water colors, markers and paper, manipulatives, books, etc.
<b>1400-1430</b>	Wake up, toileting and handwashing, transition to setting tables for Family Style AFTERNOON SNACK. (Get children's input and fill out "What We Did Today")

- 1430-1600** Transition activity to OUTSIDE CHILDREN'S CHOICES - (e.g., Climbing Equipment, Wheel Toys, Sand Table, Gardening, Dramatic Play, Easels, Balls, Science Area, etc.).
- 1600-1700** Transition Activity to inside, wash hands, toileting, and combine with Room 4 INSIDE CHILDREN'S CHOICES - (e.g., Dramatic Play, **Creative Area, Block Play, Coloring, Manipulatives, etc.**).
- 1700-1730** Cleanup, crackers and water, Caregiver directed activity (e.g., flannel board story, fingerplays, floor puzzles, coloring, etc.).

## ATTACHMENT 6

### LESSON PLAN FOR CHILDREN WHO ARE TWO YEARS AND OLDER

Room: \_\_\_\_\_ Focus Idea: \_\_\_\_\_

Week of: \_\_\_\_\_

	PLANNED ACTIVITIES AM	MUSIC & MOVEMENT	OUTDOOR ACTIVITIES	PLANNED ACTIVITIES PM
M O N D A Y				
T U E S D A Y				
W E D N E S D A Y				
T H U R S D A Y				
F R I D A Y				

	BOOKS	DRAMATIC PLAY	OUTDOOR PLAY	BLOCKS	OTHER TOYS
Rotated Materials					

<b>INFANT AND PRE-TODDLERS ACTIVITY PLAN</b>
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Child \_\_\_\_\_ Age: \_\_\_\_\_

Week of: \_\_\_\_\_

	Listening and Talking	Physical Development	Creative Activities
M O N D A Y			
T U E S D A Y			
W E D N E S D A Y			
T H U R S D A Y			
F R I D A Y			

# WEEKLY PROGRAM PLAN

DATE: \_\_\_\_\_ TEACHERS: \_\_\_\_\_ SPECIAL PROJECT: \_\_\_\_\_

THEME: \_\_\_\_\_ COLOR: \_\_\_\_\_ SHAPE: \_\_\_\_\_

SUBJECT	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>ACTIVITY CENTER</b>  Blocks, Table Toys, Dramatic Play, Water and Sand Play	<b>SAND</b> <input type="checkbox"/>  <input type="checkbox"/> <b>WATER</b>	<b>SAND</b> <input type="checkbox"/>  <input type="checkbox"/> <b>WATER</b>	<b>SAND</b> <input type="checkbox"/>  <input type="checkbox"/> <b>WATER</b>	<b>SAND</b> <input type="checkbox"/>  <input type="checkbox"/> <b>WATER</b>	<b>SAND</b>    <b>WATER</b>
<b>GROUP TIME</b>  Introduction To Daily Activity, Poems, Flannel- Board Stories, Fingerplays and Discussions	<b>POEM:</b> <b>STORY:</b>	<b>POEM:</b> <b>STORY:</b>	<b>POEM:</b> <b>STORY:</b>	<b>POEM:</b> <b>STORY:</b>	<b>POEM:</b> <b>STORY:</b>
<b>SCIENCE AND HEALTH</b> Science Display for Week:					
<b>ART AND CREATIVITY</b>	<b>EASEL:</b> <input type="checkbox"/>	<b>EASEL:</b> <input type="checkbox"/>	<b>EASEL:</b> <input type="checkbox"/>	<b>EASEL:</b> <input type="checkbox"/>	<b>EASEL:</b> <input type="checkbox"/>
<b>TEACHER DIRECTED LEARNING ACTIVITY</b>  Mathematics, Language, Music, and Songs	<b>INSTRUMENTS:</b> <input type="checkbox"/>	<b>INSTRUMENTS:</b> <input type="checkbox"/>	<b>INSTRUMENTS:</b> <input type="checkbox"/>	<b>INSTRUMENTS:</b> <input type="checkbox"/>	<b>INSTRUMENTS:</b> <input type="checkbox"/>
<b>LARGE MOTOR SKILLS</b>  Two Planned Activities Only					
<b>DAILY SUBJECTS:</b>  Art, Songs, Language, Math Concepts, Large and Fine Motor Skills	<b>WEEKLY SUBJECTS:</b> Easel Painting, Free- Choice, Musical Instruments, Sand and Water Play.	<b>ACTIVITY CENTER:</b> An On-Going Area That Remains Free Choice At All Times. Teachers Work To Improve This Center	<b>COMMENTS:</b>	<b>CULTURE:</b>	



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**ATTACHMENT 7**  
**TOYS / EQUIPMENT / ACTIVITIES**

**INFANTS (0-12 months)**

**Activities:**

- Hold, pat and touch baby for comfort and stimulation
- Talk and sing to baby
- Provide opportunities for baby to look at things, hold baby up
- Talk with baby and imitate baby's action and sounds
- Introduce new sounds and actions to baby
- Place some toys beyond young infants reach so he will attempt to move for them
- Singing and talking games: peek-a-boo, pat-a-cake
- Naming games: naming toys, objects, pictures
- Give and take games
- Adult on floor crawling, chasing, or being chased by baby
- Encourage baby to explore safe places in the classroom
- Stack blocks
- Look at and respond with words or sound to baby

**Equipment:**

- Toys that catch their eye make soft rhythmic noises or tempt their developing muscles
- Bright colored objects that cannot be swallowed
- Pictures and designs hung where baby can look at them
- Mobiles, pictures and designs hung where baby can look at and reach for them
- Soft cuddly toys
- Objects small enough to be grasped and put in mouth, but too large to be swallowed; teethingers
- Rattles and other toys that make noise, pots, pans, spoons, shakers
- Push toys, floating bath toys
- Unbreakable mirrors, music boxes
- Various shapes of colored, textured objects
- Stacking and nesting toys - containers that fit inside one another
- Cardboard boxes for getting in, crawling over
- Large wooden spools, beads, cubes
- Solid pieces of furniture on which baby can safely pull himself up and walk around

### **PRETODDLERS (12-24 months)**

**Activities:**

- Read stories and look at picture books together
- Climb on solid objects such as steps or sturdy blocks
- Water/sand play: pouring from one container to another
- Stack blocks and boxes
- Pulling or pushing objects
- Listening to and making sounds with body and objects
- Singing and singing games
- Repetition of directions
- Simple hiding games: people and things
- Manipulative activities such as stringing beads
- Climbing (under supervision)
- Throwing, rolling and kicking balls
- Carrying cardboard boxes or blocks
- Scribble with crayons
- Music - also dancing and marching
- Simple stories with pictures, nursery rhymes
- Finger plays
- Nature walks

**Equipment:**

- Sturdy picture books
- Pull and push toys
- Large balls
- Large cardboard boxes
- Simple puzzles
- Climbing equipment
- Unbreakable mirrors
- Musical toys, noisemakers
- Play phone
- Squeeze toys
- Spools - beads/string
- Nesting toys, pop beads
- Stack ring toys
- Trucks and cars
- Wheel toys (w/out pedals)
- Dolls, stuffed animals
- Small or rocking chairs
- Pounding bench
- Building blocks
- Farm and zoo animals

### **TODDLER (24-36 months)**

**Activities:**

- Circle games
- Allow for quiet - alone places and times
- Opportunity to choose between two or three alternatives
- Dress up play
- Finger plays
- Games: sorting, finding objects, story telling, singing songs
- Labeling and describing objects and events
- Stories and nursery rhymes
- Sand box/water play with containers such as funnels, pitchers, spoons, etc.
- Climbing
- Throwing/catching balls
- Music - marching or dancing
- Table toys: puzzles, matching games, coloring, cutting, painting, finger painting
- Outdoor play - running, jumping, tricycles
- Support child's interest in dressing and undressing, provide plenty of time
- Allow child to wash and feed himself - with assistance
- Assist in toileting without pressure - expect accidents
- Plan reading, music and other quiet activities prior to nap

**Equipment:**

- Picture books
- Beads (pop-togethers or string-ons)
- Puzzles, Shape sorting toys
- Blunt scissors, crayons, paper
- Blocks of all sizes and shapes; a mallet and wooden pegs set
- Wheel toys and pull toys, kiddie cars, balls
- Climbing equipment: stairs, ramps, boxes
- Sand/water play or any material that can be poured, sifted,
- Put-together wooden trains, trucks, boats, etc.
- Child size hooks and hangers for clothes
- Child sized eating equipment
- Button, lacing and zipping toys
- Dolls, stuffed toys
- Dress up clothes, child size furniture

### **PRESCHOOL AGE CHILDREN (Three Year Olds)**

**Activities:**

- Select picture books about feelings; read and tell stories
- As children play together help them understand feelings and actions, both their own and others
- Make time and space for children to play together
- Quiet times to talk
- Puppets or play people to act out fears, to prepare child for new situations or explore feelings
- Provide space and time for dancing and musical activities
- Encourage balancing activities, e.g., walking on curb lines, sidewalk edges
- Encourage table activities - puzzles, pegs, drawing, coloring and cutting
- Provide areas and opportunity for release of energy: kicking, bouncing, throwing, running, jumping, climbing
- Encourage conversations with adults and other children
- Help children use descriptive terms - "big, red ball"
- Encourage child to label, classify and sort objects by size, color and shape
- Encourage development of time concepts - discuss daily and weekly routine in terms of time concepts
- Ask frequent questions related to numbers - "how many glasses of milk?" "how many buttons, on that shirt?"
- Encourage and allow time for child to care for self - assist when necessary
- Opportunities to cook and serve food
- Provide simple cleaning tasks
- Provide books and quiet music to encourage resting

**Equipment:**

- Toys that encourage two or more children to play together
- Puppets, Mirrors, Picture Books, Pictures for storytelling
- Blocks of different sizes and textures
- Trucks, animals, props, traffic signs, wooden families and people
- Housekeeping equipment, dramatic play props
- Balls of different sizes balance beams, mattresses, climbing equipment
- Crayons, pencils, pens, paper, scissors
- Construction toys: tinker toys, duplos, legos
- Puzzles, peg boards, beads and other manipulatives
- Rhythm band instruments (can be made from cans, cartons, etc.)

- Child size hooks and hangers for clothes
- Child sized eating equipment

## **PRESCHOOL AGE CHILDREN (Four And Five Year Olds)**

### **Activities:**

- Provide opportunity for child to make decisions related to his activities and take credit for consequences of these decisions
- Make time and space available for child to be with other children as well as time and space for child to be alone
- Pets can provide assistance to a child's social-emotional growth by developing attachment and responsibility
- Provide protection for the child's play from the disruption of younger children - e.g., *space* to build with legos where others won't knock them over
- Provide opportunity for children to use a variety of types of equipment in their play - blocks, play dishes, dress-up clothes, play dough
- As children play together help child understand feelings and actions, both his own and others
- Encourage child to dress and undress self; learning to be responsible for belongings
- Allow time for child to carry out activities such as dressing, washing, toileting, setting/clearing table
- Provide opportunities for child to take on responsibilities
- Provide an atmosphere for a quiet time during the day
- Encourage physical activity by ensuring there is time and place for running, jumping, skipping, hopping, biking, etc.
- Encourage dancing and balancing
- Provide storage for and space for use of scissors, paper, crayons, pencils, markers, chalk, glue, etc.
- Encourage threading - beads, buttons, noodles
- Provide space, blocks of time and encouragement for construction games -tinker toys, blocks, legos
- Show the child pictures and ask him to make up a story
- Provide a variety of picture and story books, language experiences, writing down "what we did today"
- Help child be aware of time events during the day and seasons of the year
- Watch for opportunities in every day activities to use number concepts - "how many blocks are still standing?", "how many cookies are needed?"
- Provide time for conversations with the child about what he sees, does, likes

- Use size, shape and colors in giving directions - “put the red glass on the table”, “use the square blocks”

### **PRESCHOOL AGE CHILDREN (Four And Five Year Olds) (cont.)**

**Equipment:**

- Equipment that encourages cooperative play - lotto games, walkie-talkies
- Dolls, cradles, doll house, cars, trucks
- Blankets or tents
- Plastic people, families, villages, props, traffic signs, puppets
- Child size hooks, hangers, paper towels within reach
- Sturdy dishes, glasses and pitchers
- Wagons and tricycles
- Large and small blocks
- Balance beams, bags, bats, hoops, bean bags, mats, riding toys, roller skates
- Manipulatives - puzzles, peg sets, fit together, stringing beads, sewing boards, construction sets
- Magnetic alphabets, cassette tape player, musical instruments
- Creative art supplies
- Calendars and weather charts
- Card and lotto games
- Preschoolers like many toys. They will continue to use wooden blocks to good advantage and he enjoy the riding toys. In addition you can purchase: wooden inlay puzzles farm and zoo animals matching games small family figures (plastic or wooden) dolls riding toys creative materials -- paints, crayons, paper, scissors, and paste.



### **SCHOOL AGE CHILDREN(Six to Ten Year Olds)**

**Activities:**

- Provide space and opportunities for games and activities using whole body
- Encourage group play - helps meet need for group and practice of physical and social skills Provide space, props, and time for dramatics and rhythmic activities
- Provide space and equipment for creative activities art, wood work, story writing and production
- Provide increasingly more freedom
- Provide opportunities for taking responsibility

**Equipment:**

- Most of the toys and equipment listed for younger children can be used by this age group in a more complicated mature manner
- Board Games. Checkers, Trouble, Sorry, Candyland, Monopoly
- Card games of all sorts
- Bicycles, roller skates, skate boards
- Books, music
- Creative materials - paints, clay, crayons, paper
- Complicated wooden or cardboard puzzles
- Weaving, sewing kits, wood working

### **SCHOOL AGE CHILDREN(Ten to Twelve Year Olds)**

**Activities:**

- Expect and allow for opportunities to engage in organized sports and activities
- Encourage outdoor play
- Provide for many kinds of social contact
- Provide opportunity for rest and quiet time
- Allow increasing freedom
- Ensure that designated responsibilities are carried out

**Equipment:**

- Boxes, shelves or any place that is strictly his own
- Record players, tape players, stereo, radio
- Video games, Computer
- Books
- Bicycles
- Sports equipment: bats, balls, tennis equipment, ping pong sets, jump rope, etc.
- Games: cards, checkers/chess
- Board games that require more skill -- Clue, Life, etc.
- Hobby sets - weaving, shell jewelry kits, leather, etc.
- Models to put together

## ATTACHMENT 8 THE USE OF TELEVISION, VIDEOS AND COMPUTERS IN CDCs

Navy does not encourage the use of television, videos, video and computer games. If you use them at all, use them sparingly so that children spend the majority of their day in active play.

The intent of this requirement is to avoid using television to keep children passively amused when they should be actively engaged with materials and one another. We know that children spend a great deal of time at home in front of the TV or on the computer, so the child care center should provide other experiences.

**NOTE:** While some may argue that computer games are not passive and that children are exploring and developing fine motor skills, pre-reading and pre-math, skills etc., remember this is still a sedentary pastime vice active play.

Limit TV viewing to programs that are wholesome educational experiences. Choose viewing materials carefully to avoid violence, gender, racial or cultural bias and sexually explicit material. TV viewing by children three and over should not normally exceed 30 minutes a day. It is preferable that television not be used at all with infants and toddlers. In any event, always have alternative activities available for those children who do not wish to watch. Be aware of the content of the programs being viewed so that you can answer children's questions and link the activities you plan to what the children have seen.

Most homes today have at least one TV/VCR and computer. As adults, we can choose to use the media for information or entertainment. Adults can psychologically separate themselves from the violence and tension in television news accounts of war, disease, or homelessness. We can evaluate advertising and the cost and effectiveness of a new, improved product. We can appreciate and often need the diversion of a movie. We can also understand the difference between reality and fantasy.

When we deal with children, however, we are obligated to guide and protect their undeveloped minds from the sometimes-harsh effects of the media. Children comment on TV and VCR programs as believably as they talk about their families. Experts agree that except for a few programs, there is little worthwhile on TV for children. A critical look at any cartoon usually reveals some type of violence, such as threats, hitting, kicking, and even killing. The incidents are often treated humorously and disregard children's developmental difficulties in separating fantasy from reality.

### **Why do CDC Caregivers use videos or television?**

1. To control and entertain children during arrival and pickup. TV and VCRs are often used in the early morning or evening. TV may control children who are tired or difficult to manage during these periods. The TV makes caregiving easier for adults because the children require less interaction when parked in front of the television set.
2. To give adults a break. Adults can put things in order, keep things in order and be less hassled when children are occupied with TV.
3. To provide a special treat. TV and videos are used as a special treat - perhaps an hour a day or once a week because the children say they like it. (Children also typically choose candy over spinach.)

### **What Are Some Alternatives to the Above Uses of Television?**

It is true that caregivers need time to get things in order or reorganize. But these things can be done when the children are not there, when the children are napping, or when the children can help. The effective caregiver plans ahead and is resourceful. For example, the children help set the lunch table, sing, or look at books while the staff gets organized. Caregivers must work as a team to determine who will get the supplies out and who will supervise the children. There are times when the children are engaged in “free play” that the caregivers can prepare materials for the next activities -- and children can often help prepare the materials too!

### **Are there any movies that preschool children should see?**

It is doubtful, because movies are generally far too long. It is true that TV and videos can be used along with books and other learning activities. Nevertheless, we must remember that whenever one thing is being used, another is not. The question is, if children are given a choice, which wins their interest? Broccoli or candy? Books or TV? Playing with blocks or watching the VCR?

**Three different approaches:**

The issue boils down to three options: 1) absolutely no TV or video use at anytime, 2) careful, selective use with limited time, or 3) use any time and watch anything.

The second option - that is using appropriate sing-alongs or portions of Sesame Street or Mister Rogers Neighborhood -- might be okay. But how much is too much and what material is safe? To control or monitor TV viewing is difficult at best.

Furthermore, what one person thinks is a healthy, safe children's program may not seem so to others.

If you are using TV, videos, or computer programs with preschool age children, ask yourself:

- What could these children be doing if they were not watching TV?
- What are they missing?
- If they are not missing something valuable, are the activities you plan worthwhile, or do they need improvement?
- Why are we using TV or videos at all?
- What is the effect on the children?

Care providers committed to quality care must examine how they use TV and videos in the child care setting. They must exercise judgement in determining overuse and misuse. On one hand, our society is demanding more of children through rigorous testing and educational requirements; on the other, it removes the excitement of self-discovery and learning by replacing books and play with television and videos. Think about the consequences and your responsibility toward the children in your care.

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**ATTACHMENT 9  
RECORD KEEPER**

Sample Record Keeper for the cover of each child's file. Using this form you will know at a glance what is in the child's file.

**CHILD DEVELOPMENT CENTER**

PRIMARY CAREGIVER'S NAME: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

ROOM: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE CARE BEGAN: \_\_\_\_\_

DATE CARE ENDED: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMERGENCY PHONE NUMBERS: \_\_\_\_\_

Home: \_\_\_\_\_

Father Work: \_\_\_\_\_

Mother Work: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

SPECIAL NEEDS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**DEPARTMENT OF THE NAVY  
CHILD DEVELOPMENT PROGRAM CHILD AND FAMILY PROFILE**

**AUTHORITY:** Title 10, United States Code, Section 3013  
**PRINCIPAL PURPOSE :** Information is used by CDP personnel to (1) develop programs meeting Needs of the child and family; (2) ensure appropriate placement of the Child; (3) identify contingency plan for child illness; (4) verify dependent Care plan; and (5) identification of potential program volunteers.  
**DISCLOSURE:** Disclosure of requested information is voluntary.  
**NAME OF SPONSOR (Last, First, int.)**

**ADDRESS (include zip code)**

**DUTY ADDRESS (include zip code)**

**CHILD DATA**

NAME (Last, First, int)	NICKNAME	BIRTH DATE
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**DEVELOPMENTAL TASKS/ACCOMPLISHMENTS**

SITS	<input type="checkbox"/> WITH SUPPORT	<input type="checkbox"/> INDEPENDENTLY	
WALKS	<input type="checkbox"/> WITH SUPPORT	<input type="checkbox"/> INDEPENDENTLY	
SPEECH	<input type="checkbox"/> SINGLE WORDS	<input type="checkbox"/> PHRASES	<input type="checkbox"/> SENTENCES
TOILET TRAINED	<input type="checkbox"/> DAY	<input type="checkbox"/> NIGHT	
READINESS SKILLS	<input type="checkbox"/> COLORS	<input type="checkbox"/> PRINTS NAME	<input type="checkbox"/> CUTS
ATTENTION SPAN	<input type="checkbox"/> SPORATIC	<input type="checkbox"/> MODERATE	<input type="checkbox"/> SUSTAINED
ACTIVITY LEVEL	<input type="checkbox"/> LOW	<input type="checkbox"/> MODERATE	<input type="checkbox"/> HIGH
PLAYS	<input type="checkbox"/> ALONE	<input type="checkbox"/> NEAR OTHERS	<input type="checkbox"/> WITH OTHERS
SELF-HELP SKILLS	<input type="checkbox"/> FEEDS	<input type="checkbox"/> TOILETS	<input type="checkbox"/> DRESSES
	<input type="checkbox"/> TIES	<input type="checkbox"/> ZIPS	<input type="checkbox"/> BUTTONS/SNAPS

**INFANTS/TODDLERS UNIQUE VOCABULARY (List child's special words and what they mean)**

CHILD'S WORDS	MEANING	CHILD'S WORDS	MEANING
	DRINK		
	BATHROOM		
	BOWEL MOVEMENT		
	URINATION		
	SPECIAL TOYS		

**CHILD'S PREFERENCES**

FOODS	TOYS	PASTIMES

**SPECIAL CONSIDERATIONS**

FEARS/DISLIKES	PERSONALITY CHARACTERISTICS	SPECIAL NEEDS

**Orientation Handbook for Navy  
Child Development Center Caregivers**

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**CHILD INFORMATION**

<b>PREVIOUS GROUP EXPERIENCE</b>		<b>RESPONSE TO NEW/STRANGE SITUATIONS</b>	
<b>NAP</b>	<input type="checkbox"/> <b>YES</b>	<b>NORMAL NAPTIME</b>	<b>NORMAL BEDTIME</b>
	<input type="checkbox"/> <b>NO</b>		

**FAMILY DATA**

<b>HOUSEHOLD MEMBERS</b>			<b>PETS</b>	
<b>NAME</b>	<b>AGE</b>	<b>RELATIONSHIP</b>	<b>TYPE</b>	<b>NAME</b>

**CONTINGENCY CARE PLAN FOR CHILD ILLNESS**

---

**DEPENDENT CARE PLAN (Single Active Duty/Dual active Duty)**

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**VOLUNTEER AVAILABILITY**

<input type="checkbox"/> <b>FIELD TRIP AIDES</b>	<input type="checkbox"/> <b>HOLIDAY ACTIVITIES</b>
<input type="checkbox"/> <b>AT HOME PROJECTS</b>	<input type="checkbox"/> <b>ON SITE ADMINISTRATIVE /CLASSROOM PROJECTS</b>
<input type="checkbox"/> <b>TOY/EQUIPMENT REPAIR</b>	<input type="checkbox"/> <b>CLASSROOM AIDE</b>
<input type="checkbox"/> <b>OTHER</b>	

**EMERGENCY INFORMATION**

<b>EMERGENCY NOTIFICATION DESIGNEE</b>	<b>HOME PHONE</b>	<b>DUTY PHONE</b>
<b>EMERGENCY NOTIFICATION DESIGNEE</b>	<b>HOME PHONE</b>	<b>DUTY PHONE</b>
<b>EMERGENCY NOTIFICATION DESIGNEE</b>	<b>HOME PHONE</b>	<b>DUTY PHONE</b>

**REMARKS**

---

**PARENT SIGNATURE**

---

**DATE**

**ATTACHMENT 10  
CHILD DEVELOPMENT CENTER  
CAREGIVER AGREEMENT**

Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Please initial to indicate agreement:

**INITIAL**

I have been given the staff: child ratios and maximum group sizes and agree to comply with them at all times.

\_\_\_\_\_

I will supervise children at all times when on duty.

\_\_\_\_\_

I have received training on the required policies and procedures for Navy CDCs included in OPNAVINST 1700.9 Series and the local SOP.

\_\_\_\_\_

I have received a copy of the CDC Employee Handbook. I understand all personnel policies including my hours, vacation and sick policy, dress code, and standards of conduct.

\_\_\_\_\_

I will report for work on time except in the event of illness/emergency or a necessary planned absence as approved by the director.

\_\_\_\_\_

I have on file a current health screening which will be renewed annually.

\_\_\_\_\_

I have completed (or will complete within 60 days) an approved first aid training course.

\_\_\_\_\_

I have completed (or will complete within 60 days) an approved CPR training course.

\_\_\_\_\_

I understand my responsibilities for completing daily schedules, lesson plans, individual children's files and written observations, and accident/incident forms.

\_\_\_\_\_

**INITIAL**

I have a working knowledge of growth and development expectations for children. I will provide developmentally appropriate activities and experiences, and interact in a positive and calm manner with all children.

\_\_\_\_\_

I will use consistent, constructive, positive child guidance techniques; I will not use corporal punishment in the discipline of children

\_\_\_\_\_

I will report all incidents of suspected child maltreatment immediately to the FAR.

\_\_\_\_\_

I will ensure all parents/guardians sign the attendance sheet during drop off and pick up from my assigned classroom.

\_\_\_\_\_

For the benefit of each parent for whom I provide child care services, I will:

- a. Provide the option for them to remain with the child until both feel comfortable
- b. Share information about the child
- c. Be considerate of each parent's needs, uniqueness, and preferences.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have a working knowledge of health and hygiene practices and nutritional requirements of young children.

\_\_\_\_\_

For the benefit of the health of each child for whom I provide care, I will:

\_\_\_\_\_

- a. Insure each child accepted for care is free of communicable disease.
- b. Observe each child for obvious signs of illness upon arrival and before the parent leaves, regardless of how long a child will be in care (with exception of providing care for mildly ill children).
- c. Readmit children after an illness only when their presence will not endanger the health of other children.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INITIAL**

I will not administer any medication to children.

\_\_\_\_\_

I understand the policy and procedures for special needs children and the HIV policy.

\_\_\_\_\_

I will comply with any deficiency correction directive issued to me; admit any regulatory authority to my classroom for the purpose of monitoring for regulation compliance; and will not furnish or make misleading or false statements or reports.

\_\_\_\_\_

I have a working knowledge of fire prevention and safety practices for children. For prevention of fire and safety hazards, I will:

- a. Ensure my classroom has first aid supplies, a flashlight, working smoke detector, and emergency back-up lights.
- b. Ensure the emergency evacuation plan is posted where visible, exits are not blocked, and will practice fire drills monthly.
- c. Comply with the installation smoking policy.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For prevention of accidents, I will:

\_\_\_\_\_

- a. Provide continuous, watchful and responsible supervision of children at all times.
- b. Ensure all purses, cleaning supplies and other hazardous items are stored in locked cabinets and are inaccessible to children.

\_\_\_\_\_

\_\_\_\_\_

For transporting children in a vehicle, I will:

- a. Obtain a field trip permission slip from the parents.
- b. Ensure the van is equipped with safety-locking devices on doors; a spare tire ready for service; usable jack; and appropriate car seats and/or seat belts for children.

\_\_\_\_\_

\_\_\_\_\_

**INITIAL**

- c. Take attendance sheets and emergency information on the van and keep count of children.

I will use television and computers sparingly with discretion and selectivity. Programs will be limited to programs specifically designed for the interest and benefit of children.

I will maintain my classroom in a hazard-free, sanitary manner and observe personal hygiene standards.

I will provide a safe, sanitary sleeping space for those children who require rest and/or sleep during hours of care. I will provide quiet table activities for those children who do not fall asleep.

I will participate in nutritious family style meals and snacks which contribute to the child's overall development. I understand this does not constitute my lunch break if I am authorized a break.

I will participate in required Navy training to include the ECERS/ITERS, monthly training, and standardized training modules for military CDC caregivers.

The statements as entered in this agreement and initialed by me are true to the best of my knowledge.

---

(Signature of Employee)

---

(Date)

---

(Signature of CDC Director)

---

(Date)

**ATTACHMENT 11  
NAVY CHILD DEVELOPMENT SERVICES  
INDIVIDUAL DEVELOPMENT PLAN  
CHILD DEVELOPMENT CENTER (CDC)  
TRAINING RECORD**

EMPLOYEE NAME:	GRADE LEVEL:	JOB TITLE:
DATE OF HIRE:	AGE GROUP ASSIGNMENT (if caregiver)	

**CDC INITIAL TRAINING**  
(must be completed prior to work assignment)

Note: Actual clock hours may exceed the required hours

TITLE	DATE	TRAINING HOURS	NAME OF TRAINER	T & C INITIALS	EMPLOYEE INITIALS
Position responsibilities/performance standards					
Applicable Navy regulations, local instructions and SOP's					
Fire prevention, protection, emergency evacuation and safety procedures					
Child abuse/neglect, touch policy, age appropriate guidance techniques					

**CDC ORIENTATION**  
(to be completed within 60 days from date of hire)

Note: Actual clock hours may exceed the required hours

TITLE	DATE	TRAINING HOURS	NAME OF TRAINER	T & C INITIALS	EMPLOYEE INITIALS
Adult CPR (optional)					
Infant and Child CPR					
First Aid Basics					
Module #14 Identifying, Recognizing and Reporting Child Abuse					
Module #15 Preventing and Responding to Child Abuse in Center Settings					
EMPLOYEE NAME:					

**Orientation Handbook for Navy  
Child Development Center Caregivers**

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**CDC ORIENTATION (continued)**

(36 hours to be completed within 6 months from date of hire)

Note: Actual clock hours may exceed the required hours

TITLE	DATE	TRAINING HOURS	NAME OF TRAINER	T & C INITIALS	EMPLOYEE INITIALS
Communicable diseases, medications, hygiene, handwashing, diapering, sanitation, and "Healthy Kids Keep Everybody Healthy"					
Food service, nutrition and "Family Style Dining"					
Child growth & development, ages and stages					
Parent & family relations, professionalism and customer service					
Developmentally appropriate practices and curriculum planning					
Early Childhood Environmental Rating Scale (ECERS) and Infant Toddler Environmental Rating Scale (ITERS)					
Standard Caregiver Training Modules Orientation					



EMPLOYEE NAME:	AGE GROUP (Preschool, Toddlers, Pretoddlers or Infants) :
----------------	---

**STANDARDIZED TRAINING MODULES**  
(to be completed within 18 months from date of hire)

TITLE	DATE ISSUED	KNOWLEDGE ASSESSMENT (KA) SCORE	COMPETENCY ASSESSMENT (CA) DATE	T & C INITIALS	EMPLOYEE INITIALS
Module #1 Keeping Children Safe					
Module #2 Promoting Good Health and Nutrition					
Module #3 Creating and Using an Environment for Learning					
Module #4 Promoting Physical Development					
Module #5 Promoting Cognitive Development					
Module #6 Promoting Communication					
Module #7 Promoting Creativity					
Module #8 Building Children's Self Esteem					
Module #9 Promoting Social Development					
Module #10 Promoting Positive Guidance					
Module #11 Working with Families					
Module #12 Maintaining a Commitment to Professionalism					

EMPLOYEE NAME:

### CHILD ABUSE - ANNUAL TRAINING

DATE	TRAINING HOURS	NAME OF TRAINER	T & C INITIALS	EMPLOYEE INITIALS

### ITERS - ANNUAL TRAINING

(Based on Age Group Assignment)

DATE	TRAINING HOURS	NAME OF TRAINER	T & C INITIALS	EMPLOYEE INITIALS

### ECERS - ANNUAL TRAINING

(Based on Age Group Assignment)

DATE	TRAINING HOURS	NAME OF TRAINER	T & C INITIALS	EMPLOYEE INITIALS

### CUSTOMER SERVICE - ANNUAL TRAINING

DATE	TRAINING HOURS	NAME OF TRAINER	T & C INITIALS	EMPLOYEE INITIALS

### FOOD SERVICE AND SANITATION - ANNUAL TRAINING

(Required for Food Service Personnel)

DATE	TRAINING HOURS	NAME OF TRAINER	T & C INITIALS	EMPLOYEE INITIALS

EMPLOYEE NAME:

**BLOODBORNE PATHOGENS (BBP) - ANNUAL TRAINING**  
(Must include HIV & AIDS specific training)

DATE	TRAINING HOURS	NAME OF TRAINER	T & C INITIALS	EMPLOYEE INITIALS

**BACK INJURY PREVENTION - ANNUAL TRAINING**

DATE	TRAINING HOURS	NAME OF TRAINER	T & C INITIALS	EMPLOYEE INITIALS

**ADULT CPR - ANNUAL TRAINING**  
(Optional)

DATE	TRAINING HOURS	NAME OF TRAINER	T & C INITIALS	EMPLOYEE INITIALS

**INFANT & CHILD CPR - ANNUAL TRAINING**  
(Required)

DATE	TRAINING HOURS	NAME OF TRAINER	T & C INITIALS	EMPLOYEE INITIALS

**FIRST AID BASICS - TRIENNIAL TRAINING**

DATE	TRAINING HOURS	NAME OF TRAINER	T & C INITIALS	EMPLOYEE INITIALS

**Orientation Handbook for Navy  
Child Development Center Caregivers**

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EMPLOYEE NAME:

**MONTHLY TRAINING**

TOPIC	DATE	TRAINING HOURS	NAME OF TRAINER	T & C INITIALS	EMPLOYEE INITIALS

## **STAR SERVICE WHY WE HAVE EMBARKED ON A CUSTOMER SERVICE CAMPAIGN**

CNI N25 has a license to train the Navy MWR customized version of AchieveGlobal's awards winning training -- Achieving Extraordinary Customer Relations (AECR). T&C Specialists, along with CDPA's are responsible for scheduling this training with the AECR training coordinator for your command.

In addition to AECR training, we have contracted with AchieveGlobal to conduct Motivating for Exceptional Service (MfES) and Managing Extraordinary Service (MES).

To date, Achieve Global has certified 46 Navy Star Service: AECR facilitators representing 42 installations worldwide. We have also trained 33 Star Service training coordinators worldwide.

It is critical that CDP/SAC employees attend this training as team members with the other MWR employees. T&C can help schedule caregivers for this 1 and ½ day training by using flexible employees, GS-5 leaders or even management staff to cover the ratios. Many commands share the CDC and Youth employees as well. The CDH Monitor may also be requested to teach in the classroom for a day. Please do not make excuses that caregivers cannot attend the training. This is a worldwide initiative and it is here to stay!

The following will help T&C Specialists explain the program to those on their command that may have questions:

Many in the field have asked very valid questions about the customer service training initiative. There are two questions that strike to the core of the issue. The first is "Why are we doing this?" The second is "Is CNI N25 committed to this for the long haul?"

First, quite simply, we have embarked on this endeavor to help make us all more valuable, more sensitive, and more effective providers of service to each other and ultimately to our customers. An even more fundamental reason is that we have to take the best possible care of our customers or someone else will, whether it is off base or an outside contractor. The non-secret is that we want to build ongoing and long-term relationships with our customers that will make them think of us first when they want outstanding service.

Being customer focused and providing exceptional customer service is critical to everything that we do in Navy Child and Youth Programs. It impacts customer retention and acquisition, product/service innovation, employee turnover, market share, and financial performance. We know we are earning the loyalty of our customers when our Sailors believe we consistently care about their interests, well being and happiness. We believe that the consistent demonstration of caring behavior, even in the smallest interactions, may be just what it takes to create a loyal customer and keep that sailor in the Navy.

The foundation of any success that we have will be based on how we treat and work with our internal customers (i.e., each other). As a system, we are hard on our people and ourselves. We burn people out and often don't display the appreciation, common courtesy, and respect to each other that everyone deserves.

It's not all about money or benefits. It's about respect. We can't expect our people to treat external customers well if they are not treated decently by us -- their management team. We all could stand to work on this and we all need to look carefully at our own actions as managers. Don't look to confess the other guy's sins or criticize his or her customer service until we are really sure we have fixed our own first. (Hint -- none of us have reached customer service Nirvana yet). We have a long way to go to create an organizational culture throughout the system that supports this concept.

We know you already provide good service to our external customers and we think we do a decent job in CNI N25. The vision of the Star Service initiative is to go beyond just "good enough service" and transform Navy CYP worldwide into a Service Quality Leader... to create an organization in which customer focus, exceptional customer service to both our internal and external customers and customer commitment prevail.

Becoming a customer focused service quality leader represents sound management practice and a more efficient way to do business. To reach this vision, we must:

- 1) establish a customer-driven organizational culture;
- 2) improve products and service performance;
- 3) train and develop employees as service ambassadors;
- 4) make quality service matter through the use of rewards and recognition;
- 5) use customer measurement and feedback; and
- 6) communicate and market the Navy CYP brand.

This is a huge undertaking and the basic customer service training you have recently begun to deliver to your employees is just the beginning and a relatively small part of the effort. The training is aimed at providing you and your employee's tools they can use to improve service delivery. It will also help maintain a focus on customer service while supplying us a common language when speaking of customer service.

CNI N25 is committed to helping you through this process of culture change, just as we are working to improve our customer service culture within our organization. We will continue to budget a significant amount of central fund money in the future to maintain and expand this program. However, headquarters money and ideas don't hold the primary key to the long-term success of this program. That rests in the hands of the management team in the field. Use the tools we provide, build on them, develop new ones, share them with other activities, and promote the concept of building good long-term working relationships with our customers and employees.

MWR and CYP will always be in a state of change. Several years ago it was consolidating clubs and recreation into MWR. Next it was Congressional restructuring of APF support eligibility. Now it's MEOs and regionalization. Nobody can predict what's next. Controlled (or sometimes uncontrolled) chaos is the nature of our business. Don't let the very real distractions of day to day operations distract you from the pursuit of outstanding customer service. At the end of the day, what we do for our people and for the customers we serve, will be the only real measure of our success and how we will be remembered.

In summary why are we doing this? We are doing this because we want MWR and CYP to be the best in the world at what we do. Is CNI N25 committed to the project? We are absolutely committed in action and financially, and we hope that you and your employees will be too.

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